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Examining the predictors of co-worker attitude towards support for breastfeeding at work in clothing factories in Cape Town

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COMPULSORY DECLARATION:

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Abstract

Return to work is a recurring reason for premature weaning of breastfeeding infants among low-income South African individuals. Yet, breastfeeding research has largely been examined from the health perspective, leaving a gap in the literature regarding research on breastfeeding as a workplace issue. Workplace support is needed to allow the combination of breastfeeding and work to become feasible for women returning to work. Informal support, particularly co-worker support, may be particularly important since formal workplace support are underutilised in low-income settings. This study seeks to provide insight into the factors which contribute to co-worker support for breastfeeding at work in a low-income factory setting, in Cape Town, South Africa. This study examined the relationships between co-workers' attitude towards support for breastfeeding at work and three possible predictors, (1) their perceptions of family supportive supervisor behaviours (FSSB) in the factory, (2) their personal breastfeeding experience and (3) their perceptions of fairness for breastfeeding at work. Furthermore, parental status was examined as a moderator on the relationship between co-workers' perceptions of fairness for breastfeeding at work and their attitude towards support for breastfeeding at work. Blue-collar workers in Cape Town clothing factories responded to the self-report questionnaire ($N = 259$). The study results revealed that FSSB, personal breastfeeding experience in the community (but not as a mother or in the factory), and perceptions of fairness for breastfeeding at work predicted positive attitude towards support for breastfeeding at work. Parental status did not moderate the relationship between perception of fairness for breastfeeding at work and co-worker attitude towards support for breastfeeding at work. Implications for practice and research are presented.

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Introduction

With more women entering the work sphere, the workplace is becoming a site for women to reconcile their demands of maternity (pregnancy and breastfeeding) and paid work. One aspect of maternity that has not received adequate attention is the complex nature of breastfeeding at work. The World Health Organisation (WHO) recommends sustained exclusive breastfeeding for up to six months of age to provide the infant with natural nutrition to promote infant development. Exclusive breastfeeding means infants receive only the nutritional benefits of breastmilk without being introduced to any additional liquids or solid foods (WHO, 2013). Exclusive breastfeeding rates among infants under the age of six months are well below 50% in most countries (WHO, 2013). Even though many countries have maternity protection legislation, only 53% of countries meet the 14-week minimum international labour organisation standard and only 23% meet or exceed 18-week recommended leave (Rollins et al., 2016). These inadequacies are compounded within large informal work sectors, whereby a majority of working women have no or insufficient maternity protection, an overwhelming number (80%) of them reside in Africa and Asia (Rollins et al., 2016). However, issues surrounding breastfeeding are prevalent around the world and can stem from a range of factors such as a lack of knowledge and education; or from stigma and victimisation of breastfeeding in the workplace (e.g. Deedat, 2019; Freed, Clark, Curtis, & Sorenson, 1995; Johnson & Esposito, 2007). If a mother returns to work before her baby is six months, which is often the case for South African working mothers, she would need to continue breastfeeding or expressing milk at work to meet optimal breastfeeding needs.

Encouraged by post-democratic gender legislation, women have become significant contributors to the economy. According to the Fourth Quarterly Labour Force Survey (Statistics South Africa [STATSSA], 2019), women consist of 46% of the employed workforce in South Africa. The near equivalent proportion of men and women in the workforce makes acknowledging the different practical needs of men and women, and the need to apply this knowledge to inform legislation, policies and workplace practices even more essential. Some policies are already in effect; breastfeeding at work is currently protected under South African law, as a Code of Good Practice in the Basic Conditions of Employment Act (No. 75 of 1997). The act stipulates that for every working day, employees with infants younger than six months old, be allowed two 30minute breaks for breastfeeding or expressing breastmilk. However,

workplaces are not uniformly supportive of returning mothers, both in structure and policies, across different sectors of the economy.

While there are several reasons why women stop exclusive breastfeeding, for example, perceived inadequate milk supply and incorrect latching (Gianni, Bettinelli, Manfra, Sorrentino, Bezze et al., 2019; Morrison, Gentry, & Anderson, 2019), returning to work is a major reason for premature weaning of breastfeeding among low-income South African individuals (Goosen, McLachlan, & Schübl, 2014; Ross, Van Middelkoop, & Khoza, 1983; Sibeko, Dhansay, Charlton, Johns, & Gray-Donald, 2005; Siziba, Jerling, Hanekom, & Wentzel-Viljoen, 2015). Returning to work ultimately leads mothers to turn to alternative feeding practices such as the early introduction of food, supplementary feeds and mixed feeding (Ijumba, Doherty, Jackson, Tomlinson, Sanders, & Persson, 2014; Mamabolo et al., 2004) which carry a high risk of infection, malnutrition and diarrhoea especially among infants from low income communities (Ijumba et al., 2014; Kools, Thijs, Kester, & de Vries, 2006; Mushaphi, Mbhenyane, Khoza, & Amey, 2008). Unique situations faced by low-income workers in the South African context highlights the particular need for research on how this population address breastfeeding at work. Thus, it is important to examine sources of support that may reduce the barriers to breastfeeding at work.

Low-income Workers in South Africa

Low-income workers in South Africa are disproportionately black, female, less educated and have irregular work schedules compared to higher-income professional workers (Bernstein, 2004; Mathur-Helm, 2018; STATSSA, 2018a). According to the Congress of South African Trade Unions (COSATU), 60% of workers in South Africa earn less than R5000 a month (COSATU, 2019). Even more concerning, the Labour Market Dynamic report shows that 50% of South African employees earned less than R3300 a month in 2016 (STATSSA, 2018a). While low-income workers constitute the majority of the workforce in South Africa, their experiences remain relatively understudied in research on the work-family interface and particularly regarding the topic, breastfeeding at work. The access to important work-family resources, such as flexible working hours and paid maternity leave, among low-income workers are almost non-existent compared to most workers studied in the work-family literature (i.e., professional-managerial workers) and they often face unique challenges when it comes to managing work and family demands (Muse & Pichler, 2011).

CO-WORKER ATTITUDE TOWARDS SUPPORT FOR BREASTFEEDING AT WORK

In South Africa, the maternity protection law entitles mothers to four months of maternity leave (Basic Conditions of Employment Act, 1997). However, this law does not mandate paid maternity leave. Mothers on maternity leave need to claim from the Unemployment Insurance Fund (UIF). The fund only has capacity to remunerate workers for a maximum of 66% of their income, leaving women with very little to sustain themselves and their baby during four months of maternity leave (Unemployment Insurance Amendment Act 10 of 2018). However, many low-income South African women cannot access these funds due to its administrative burden or in cases where they do access it, they cannot survive on this reduced income and are forced to return to work earlier than the legislated four months maternity leave (Stumbitz & Jaga, in press). Factors such as job autonomy, flexibility and power negotiation have been linked to successfully combining breastfeeding and work (Guendelman, Lang Kosa, Pearl, Graham, Goodman, & Kharrazi, 2009). Guendelman and colleagues (2009) suggest that women in more managerial positions have greater flexibility in terms of working hours and are thus better able to navigate life, work and breastfeeding demands. To the contrary, low-income workers have less control over their work hours and working arrangements to assist them in managing work and maternal demands. Low-income workers also tend to have fewer financial resources and formal organisational support than their higher-paid, professional counterpart, making the utilisation of formal work-family policies more difficult (Muse & Pichler, 2011).

The Living Conditions Survey, provides some insight into the living conditions of low-income households. According to the survey, one in every five adults were living below the food poverty line (STATSSA, 2018b), indicating that 20.6% of adults in South Africa do not earn enough money to sustain themselves. High levels of stress associated with living below the poverty line, as well as the lack of work-family benefits available to low-income workers, allow for few resources to cope with work-family issues such as breastfeeding at work (Guendelman et al., 2009; Muse & Pichler, 2011).

Little is known about the resources from which low-income workers draw from when faced with work-family issues such as breastfeeding at work. Organisations that employ low income workers, such as factory workers, tend not to have advanced work-family policies or benefits, as these policies and benefits lack enforcement of labour legislation (Bezuidenhout & Jeppesen, 2011; Deedat, 2019).

Thus, it may be beneficial to examine informal sources of support that may reduce the barriers and enable mothers to breastfeed at work, particularly from a co-worker perspective. In this way, the workplace may also assist in reducing stress factors that limit breastfeeding at work. Co-worker perspectives are often neglected in breastfeeding literature but have been shown to be an essential resource in work-family research (Behson, 2005; Griggs, Casper, & Eby, 2013).

The Clothing Factory Context

This study focuses on clothing factory workers in Cape Town as a specific group of low-income workers in South Africa. The researcher chose this population because they reflect the demographic description of low-income individuals in South Africa and because it is a female-dominated industry, 89% of the workforce is female (Southern African Clothing and Textile Workers' Union [SACTWU], 2019). The working conditions are a particular health and safety issue among these workers (Bezuidenhout, Khunou, Mosoetsa, Sutherland, & Thoburn, 2007). In a report on the working and living conditions of factory workers in the Clothing sector in South Africa, Deedat (2019) highlighted that workers experienced victimisation and castigation on the shop floor by supervisors for taking toilet or body breaks. Yet, a collective bargaining agreement, governed by the Labour Relations Amendment Act 12 of 2002, specifies the use of these breaks. South Africa is thought of as having one of the most progressive labour systems in the world (Bezuidenhout & Jeppesen, 2011). However, research shows a gap in implementation especially in the low-income context. According to Bezuidenhout and Jeppesen's (2011) study of South African, Swaziland and Lesotho clothing factory workers' experience of labour code inspections, government functions and trade unions, found that compared to Lesotho (65%) and Swaziland (58%) factory workers, only 47% of South African factory workers were aware of whether labour code of conduct was applicable in their workplace. These findings correspond with that of Deedat (2019), in that working conditions and occupational health and safety are not seen as a top priority in these factories. Additionally, researchers have shown that even when clothing factory workers are aware of their rights as employees, they are less likely to utilise these benefits for fear of victimisation or harassment (Bezuidenhout et al., 2007; Deedat, 2019). Deedat (2019) explained that clothing factory workers described being pregnant as a fearful experience, particularly among younger workers who feared to lose their jobs when returning from maternity leave, despite legislation that protects their right to utilise leave and keep their job.

Co-workers as a Source of Support

Employed workers spend the majority of their waking day at work. They may, therefore, be more likely to rely on their work ties and less on their community or family ties for social support (McGuire, 2007; Hochschild, 1997; Jacobs & Gerson, 2001; Presser, 2003). Supportive relationships with individuals in the workplace can help forge meaningful experience among workers (Chamberlain & Hodson, 2010; Frone, 2000; Hodson, 2001; Rumens, 2010; Sloan, 2012). The supportive behaviours of supervisors and co-workers have been well documented in work-family literature (e.g. Frye & Breauagh, 2004; Griggs et al., 2013; Mesmer-Magnus & Glew, 2012; Mesmer-Magnus & Viswesvaran, 2009; Muse & Pichler, 2011). However, co-worker support may be particularly relevant to workers of the clothing industry because of the unique experiences they share. Compared to individuals from professional sectors, clothing factory workers in South Africa are faced with unique intersectional experiences of being mainly black, women, and poor (Mathur-Helm, 2018). Co-workers support would be an important resource for this group because individuals who are similarly situated structurally, encompass similar roles, work in similar organisations, and are members of the same social class and race group; are presumed to have a shared collective identity (MacKenzie, Stuart, Forde, Greenwood, Gardiner, & Perrett, 2006; Snow, 2001). A shared pattern of lived experiences is essential for the development of a collective identity (Brenner, 1988). Similarly, work as a collective experience also influences the creation of social collectivism, particularly in terms of the presence of a union but also in terms of the shared experience of the labour process, which may act as a basis for group identity (Brenner, 1988; MacKenzie et al., 2006). This collective identity and shared experience help create a sense of camaraderie among co-workers, essentially, developing a perception of 'us' as distinct from 'them', with 'them' being the managerial staff (MacKenzie et al., 2006). This shared experience and similarity among co-workers may contribute to the provision of social support for breastfeeding at work (McMullan, Lapierre, & Li, 2018).

Research Aims and Question

This study focuses on the sample of employees in the factory, as co-workers of breastfeeding mothers. It seeks to examine the factors that contribute to their attitude towards support for breastfeeding at work. Since their actual behaviour cannot practically be measured, this study focuses on their attitudes toward the behaviour of support for breastfeeding at work. This line of theory stems from the Theory of Planned Behaviour (Ajzen, 1991) which states

that an individual's attitude towards a behaviour predicts their behavioural intentions which are linked to the behavioural outcome.

Based on the above, the following research question will guide this study: What factors contribute to co-worker attitude towards support for breastfeeding at work in the context of clothing factories in Cape Town?

Significance of the Research

The significance of the advancing support for breastfeeding at work has implications at multiple levels.

The global case. Breastfeeding remains a world health issue and is a central part of the 2030 Agenda for Sustainable Development (United Nations [UN], 2016). Research on breastfeeding often investigated from a health perspective, linking breastfeeding to the Sustainable Development Goals (SDGs), concerned with hunger, health and wellbeing (UN, 2016). A health focus demonstrate how low breastfeeding rates results in the reduced intake of a natural source of nutrition (breastmilk) and is associated with illness and disease which contributes to the mortality rates of children within the country (Bartick & Reinhold, 2010; Renfrew et al., 2012; Smith & Harvey, 2011; Smith, Thompson, & Ellwood, 2002). However, from an organisational psychologist perspective, breastfeeding may also be linked to SDGs concerned with decent work and gender equality (UN, 2016). The cost of not breastfeeding is between .37% and .70% of the global gross national income, estimated between 257 billion and 341 billion dollar loss per annum (Walter, Phan, & Mathisen, 2019). Walter and colleagues (2019) found vital drivers of economic loss to be low exclusive breastfeeding rates, high child mortality rates (significant in terms of cognitive-loss) and high incomes. These factors compounded with income growth are forecast to lead to high economic loss for the future. By providing support for breastfeeding at work, the double burden of malnutrition, in terms of human and financial cost, would be reduced. In doing so, it would allow for a higher possibility of achieving the SDGs.

The South African case. Exclusive breastfeeding rates are often misrepresented in governmental literature. While the South African Demographic Health Survey (2016) reports high breastfeeding initiation rates (32%), exclusive breastfeeding during the first six months, is much lower (STATSSA, 2017). Low exclusive breastfeeding rates are evident in different parts of the country (Siziba et al., 2015). Many studies reveal that breastfeeding is often

discontinued before the infants reach three months of age and complementary foods are introduced as early as five weeks of age (Goosen et al., 2014; MacIntyre & Baloyi, 2005; Ladzani, Peltzer, Mlambo, & Phaweni, 2011). These findings demonstrate that South Africa is no closer to making a meaningful contribution to the SDG targets envisioned for 2030. In 2011, the Minister of Health along with other officials such as scholarly experts, traditional health practitioners, WHO and UNICEF; participated in a national breastfeeding consultative meeting to endorse the mainstreaming of exclusive breastfeeding practices, policies, legislations and strategies (Tshwane declaration of support for breastfeeding in South Africa, 2011). However, despite efforts to improve breastfeeding practices, the broader political climate of South Africa might be a hindrance. The injustices brought on by the apartheid regime has resulted in more attention being appropriated to race, gender and social class issues. However, the implementation of policies aimed at addressing gender inequalities are particularly difficult (Akala, 2018; Bentley, 2004; Seidman, 1999), given that women experience higher levels of poverty compared to men (STATSSA, 2018b). The problem is not only statistically relevant, but women's experiences are intensified by the fact that women bear the burden of caring for children under these circumstances (Bentley, 2004). One of the major reasons for early breastfeeding cessation (returning to work), coupled with an unsupportive work environment results in mothers experiencing increased financial and physical burdens (breast engorgement) (Muse & Pichler, 2011). However, with the tide slowly shifting, organisations have the opportunity to be at the forefront of the change towards a gender-inclusive society by building a supportive culture for women at work and improving facilities for women such as access to breastfeeding and childcare facilities. A woman's choice to breastfeed might be a personal one, but formal and informal forms of workplace support play a significant role in this decision (Zhuang, Bresnahan, Yan, Zhu, Goldbort, & Bogdan-Lovis, 2019). Within South African (Martin-Wiesner, 2018), and particularly the clothing factories in Cape Town, there is limited awareness of breastfeeding at work rights as stipulated in the BCEA by both the mothers, their supervisors, and management (Stumbitz & Jaga, in press).

The business case. Breastfeeding at work may have a positive effect on an organisations bottom-line. For example, a high rate of employee absenteeism is associated with incidences of illness among infants who are not breastfed. In a comparison study examining these variables, researchers found that of 40 infant illnesses causing one day absenteeism among employed mothers, 25% of cases occurred in breastfed infants, while 75% occurred in formula-fed infants (Cohen, Mrtek, & Mrtek, 1995). By supporting breastfeeding at work

employers will benefit by retaining experienced employees who want to breastfeed at work, thereby eliminating the cost of training new employees (Cardenas & Major, 2005; Freed, 1993). Other benefits include lowering health care and insurance costs since breastfeeding mothers report fewer doctors' visits, as well as fewer chronic illnesses such as gastrointestinal diseases (Cardenas & Major, 2005; Solovievam Dowler, & Walls, 2011; Freed, 1993; Mezzacappa, Guethlien, Vaz, & Bagiella, 2000). Glass and Estes (1994), maintained that work-family conflict is linked to decreased employee productivity as well as increased family dysfunction. For instance, employee fatigue due to caring for sick infant as well as reduced concentration due to anxiety about their sick infant result in decreased work productivity (Faight, 1994). By position breastfeeding as a workplace issue that affects organisational outcomes, employers can gain a deeper understanding of the fundamental problems associated with breastfeeding at work and can provide a greater opportunity to identify solutions.

The benefit to mother and child. Research provides compelling evidence for the extensive health, growth and development benefits of breastfeeding infants. Increased breastfeeding is often accompanied by a decrease in acute infections such as diarrhoea and respiratory infections (Quigley, Kelly, Sacker, 2007). A study by Scariati, Grummer-Strawn and Fein (1997) found that the risk of diarrhoea and ear infections were extensively lower, 80% and 70% respectively, among infants who are breastfed compared to those who received no breastmilk. Furthermore, breastfed infants are also associated with improved development of cognitive functioning among children less than 24 months of age (Difrisco, Goodman, Budin, Lilienthal, Kleinman, & Holmes 2011; Jedrychowski, 2012; Senarath, Dibley, & Agho, 2006). Extended breastfeeding duration has also been linked to many health benefits for the mother. Increased breastfeeding has been associated with reductions in breast and ovarian cancer as well as a reduced risk of type 2 diabetes among mothers who breastfeed (Chang-Claude, Eby, Kiechle, Bastert, & Becher, 2000; Danforth, Tworoger, Hecht, Rosner, Colditz, & Hankinson, 2007). However, being able to breastfeed at work also influences a breastfeeding mother's attitude towards their job. Breastfeeding accommodation and workplace support have been associated with increased job satisfaction and organisational commitment. For instance, Mensah's (2011) study among Ghanaian workers ($N = 260$) revealed that breastfeeding mothers who are provided with workplace breastfeeding facilities are more satisfied with and committed to their work than those who do not get any form of workplace support. Similarly, Jantzer, Anderson and Kuehl's (2018) study on 87 women from rural backgrounds found that being provided with adequate time to express breastmilk at work improved their work-life

balance and job satisfaction, via a partially mediated relationship with work enhancement of personal life. Therefore, employers may enhance the lives of their breastfeeding employees at work and home by providing adequate breastfeeding support at work.

Structure of the Dissertation

This dissertation is divided into five chapters. The first chapter served as an introduction to the current study and defined its rationale, aims and research question. The subsequent chapter provides a review of relevant theory and existing literature to derive plausible hypotheses. The third chapter is concerned with the method used in this study and describes the research design, participants and sampling, procedure and data analysis and measures. The findings of the research are then presented in the fourth chapter. Thereafter, the final chapter draws upon the entire dissertation by relating the results to existing literature. The chapter includes a discussion of the implication of the findings, followed by an overview of the study's limitations and suggestions for future research.

Literature Review

The current chapter presents relevant literature on co-worker attitudes towards support for breastfeeding at work and the factors that may predict these attitudes. These factors include co-worker perceptions of family supportive supervisor behaviour (FSSB), personal breastfeeding experiences, and perceptions of fairness for breastfeeding at work. A review of existing research is used to argue the relationships between the variables of interest. Plausible hypotheses are then presented, concluding with a summary and diagrammatic representation of the conceptual framework.

Support for Breastfeeding at Work

Breastfeeding at work refers to a mother being provided with adequate time at work to breastfeed or express breast milk for her infant in a private space and being able to store the breastmilk for later use (Jantzer et al., 2018; Tsai, 2014). Not only is breastfeeding or expressing breastmilk a physically demanding occurrence for many mothers but breastfeeding at work is also seen as an additional responsibility (Brown, Rance, & Bennett, 2016; Burns, Schmied, Sheehan, & Fenwick, 2010; Puapornpong, Paritakul, Suksamarnwong, Srisuwan, &

Ketsuwan, 2017). As stated before, the choice to not breastfeed often results from a lack of social support or information (Kong & Lee, 2004). For mothers who work, this would include workplace social support. Therefore, some form of workplace support is needed to allow the combination of breastfeeding and work to become feasible for mothers returning to work (Turner & Norwood, 2014). Workplace supports for breastfeeding feature both formal and informal forms of support (Chiaburu & Harrison, 2008; Freitas, Silva, & Santos, 2019; Halbesleben, 2006; Muse & Pichler, 2011). Formal forms of support are made available through family-friendly policies such as breastfeeding at work policies and breastfeeding rooms whereas informal forms of support are provided by supervisors and co-workers, in the form of tangible (instrumental) or intangible (emotional or advice) assistance. Co-workers may provide support for breastfeeding at work by giving breastfeeding advice, offering work modifications (e.g., swapping shifts) and by being a confidant to breastfeeding mothers. Informal co-worker support may be particularly important for low-income factory workers in Cape Town since formal workplace support are either non-existent or underutilised in low-income settings (Behson, 2005; Griggs et al., 2013). Low-income factory workers face many organisational and societal constraints that may inhibit the use of family-friendly work policies. These constraints include; organisational climates that are not conducive of work-family benefits, real or perceived negative career consequences and perceived lack of support from supervisors and co-workers (Behnson, 2005; Deedat, 2019; Thompson, Beauvais, & Lyness, 1999). A work environment which enforces unsupportive norms within the workplace may undermine the potential beneficial effects of formal workplace policies. For this reason, informal workplace practices, such as co-worker support, may be more useful in leveraging support for breastfeeding at work in a low-income workplace setting such as clothing factories.

Attitudes

Co-worker support for breastfeeding at work has received little research attention compared to empirical studies on co-worker support in the general work-family context (Smith, McIntyre, Craig, Javanparast, Strazdins, & Mortensen, 2013; Stewart-Glenn, 2008; Suyes, Abrahams, & Labbok, 2008; Zhuang et al., 2019). Authors who researched co-worker support for breastfeeding mainly examined the breastfeeding mother's perspective (Gribble, 2008; Jantzer et al., 2018; Kool et al., 2006; Stewart-Glenn, 2008; Turner & Norwood, 2014; Weber, Janson, Nolan, Wen, & Rissel, 2011). This study examines attitudes toward support for breastfeeding at work from the co-workers themselves. Co-worker attitudes are important

because it precedes behaviour. For example, health professionals were found to be more effective in their support for breastfeeding if they exhibited a positive attitude towards breastfeeding (Clifford & McIntyre 2008).

Earlier definitions of attitudes reflected the idea that behaviours followed from attitudes. Originally, attitudes were thought of as the readiness to respond to the world around us. For example, Allport (1935, p.810) conceptualised attitude as “a mental state of readiness, organised through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related.” Green (1954) considered the concept of attitudes to imply a consistent or predictable response. Thus, the term attitude was often referred to as the positioning and posture of one's body (Galton, 1884) as well as expressive motor behaviours, such as a grimacing face said to indicate a hostile attitude (Darwin, 1965). Today, individuals are still questioned regarding their *position* or *stance* on an issue, though the meaning today refers to an evaluative rather than a physical stance (Briñol & Petty, 2012). While a variety of definitions of an attitude have been used over the years, this study will use the definition suggested by Ajzen and Fishbein (2000) who considered attitudes as the categorisation of a behaviour (breastfeeding at work) along an evaluative dimension. Several definitions regarding the conceptualisation of attitudes have been restricted to the notion of an affective evaluative judgement (Ajzen & Fishbein, 2000; Ajzen, 2001; Rosenberg, 1960; Thurstone, 1921). When behaviour elicits an affective evaluation response set; characterised as positive-negative, good-bad or supportive-unsupportive, the individual is said to hold an attitude. Having an attitude towards a behaviour refers to the degree to which an individual favourably or unfavourably evaluates or appraises the reported behaviour (Ajzen, 2001). Thus, invoking an attitude (positive or negative) helps people prepare to respond to their environment by influencing what they attend to, approach or avoid (Briñol & Petty, 2012; Allport, 1935). One major issue in early attitude research concerned the attitude-behaviour relationship. Some attitude theorists were not convinced of the attitude-behaviour relationship since several studies suggested a weak relationship between self-report attitudes and behaviour (LaPiere, 1934; Wicker, 1969). Ajzen and Fishbein (1977) responded with a methodological solution to the attitude-behaviour issue based on the notion that attitudes and behaviours should be assessed according to the same level of specificity. Therefore, a specific behaviour, “supporting breastfeeding at work”, is better predicted by specific attitudes (i.e., supportive attitude towards breastfeeding at work). From this theoretical understanding, co-workers who hold a positive attitude towards support for breastfeeding in the workplace should be more

likely to engage in behaviours that support and enhance the likelihood of mothers' breastfeeding at work.

Attitude structure. There is a consensus among attitude theorists that the attitude structure consists of multiple components (Briñol & Petty, 2012; Ajzen, 2001; Ajzen & Fishbein, 2000). Accordingly, the attitude structure dubbed the tripartite model (Hovland & Roseberg, 1960), is said to be based on three components; cognition, affect and behavioural action. According to Maio and Haddock (2007) it is essential to consider the attitude structure since the basis of an attitude object may have important implications for attitude, and subsequently, behavioural changes. For example, it is more effective to change attitudes that are based, (or perceived to be based) on affect, with affective strategies rather than with cognitive and rational strategies (Edwards, 1990, Fabrigar & Petty, 1999). This study will adopt the conceptualisation of attitudes used by Rojjanasrirat, Wambachm Sousa and Gajewski (2010) who identified three dimensions of attitude, namely, *direct attitude*, *behavioural beliefs* and *outcome evaluation*. *Direct attitude* parallels Ajzen's (1989) definition of affective responses, an individual's feeling about supporting breastfeeding at work (Rojjanasrirat et al., 2010). Similarly, *behavioural beliefs* and *outcome evaluation* correspond with the conative and cognitive dimension of the suggested attitude model, respectively (Ajzen, 1989). The conative dimension refers to the behavioural inclinations, actions, or attempted actions towards behaviour and the cognitive dimension reflects responses based on the perception of or information about the attitude object (Ajzen 1989). Rojjanasrirat et al.'s (2010) conceptualisation of attitudes toward breastfeeding was preferred above others on breastfeeding attitude (e.g. Bridge, Frank, & Curtin, 1997; Suyes et al., 2008) as it applied to attitudes specific to support for breastfeeding at work and the measure that they developed allowed for easy adaptation for the low-income setting.

Co-worker Attitude towards Supporting Breastfeeding at Work

A co-worker refers to an individual with whom they work and interact with daily, and who occupies a similar role or work within a similar hierarchical level with the organisation (McMullan et al., 2018). According to work-family authors, the proximity of co-workers allows them access to first-hand knowledge of work demands that may interfere with family responsibilities (such as breastfeeding) placing them in an optimal position to provide work-family-focused support, directed at helping one another cope with the demand of both work and family (Mesmer-Magnus & Glew, 2012; McMullan et al., 2018; Ray & Miller, 1994;

Thompson & Prottas, 2006). The proximity and frequency of contact with breastfeeding mothers may influence the impact co-workers to have on the mother. For example, co-workers, with whom the mother spends most of her day, would more likely be influential in a mother's decision-making and can be central in providing support and advice about breastfeeding than a temporary health professional (Clifford & McIntyre 2008). Emotional and behavioural resources provided by co-workers are greater and easier to draw from than supervisor-based resources, particularly since workers are more likely to find friendships among co-workers than among employees of differing organisational ranks (Chiaburu & Harrison, 2008). Co-workers also occupy higher numbers compared to supervisors and would allow them to more readily provide help (Burt, Sepie, & McFadden, 2008; McMullan et al., 2018). The workplace is an influential social environment and co-workers can either be barriers or facilitators of breastfeeding in these environments (Brown, Poag, & Kasprzycki, 2001; Rojjanasrirat, 2004; Witters- Green, 2003). Co-workers are not only sources of support, but those who previously combined breastfeeding and work serve as role models and a source of encouragement for other working mothers (Rojjanasrirat, 2004). However, negative attitudes from co-workers, such as disparaging remarks, make it difficult for mothers to continue breastfeeding while working (Johnston & Esposito, 2007). Some mothers may encounter pressures from co-workers and supervisors to not use accommodating facilities. In a study by Brown et al. (2001) an employee who returned to work as a breastfeeding mother was unable to express breastmilk at work because of co-workers' negative attitudes towards breastfeeding in the workplace as breastfeeding is often viewed as a private and personal issue (Brown et al., 2001; Carothers & Hare, 2010). Co-workers tend to think that mothers who spend work time pumping breast milk and who expect co-workers to cover their work during those breaks are unprofessional and cause an inconvenience for their colleagues (Kozhimannil, Jou, Gjerdingen, & McGovern, 2016; Porter, 2018).

Mothers are faced with numerous barriers when returning to work, which includes lack of private breastfeeding/expressing space and unsupportive supervisors and co-workers in terms of resentment and discomfort about breastfeeding in the workplace (Suyes et al., 2008). For example, in an Australian study by Smith and colleagues (2013), breastfeeding mothers perceived their managers and co-workers as having a negative attitude towards them expressing breastmilk at work and accordingly were less likely to breastfeed exclusively for six months. However, empirical findings from Jantzer et al. (2018) showed that co-worker support significantly predicted a mother's decision to continue breastfeeding after returning to work.

Similarly, in a blue-collar context in Taiwan, Tsai (2014) conducted a study within 10 large manufacturing companies among 715 working mothers. She found that among other factors such as greater awareness of breastfeeding benefits and knowledge of breastfeeding breaks; encouragement from co-workers was a significant predictor of using breastfeeding breaks after returning to work (Tsai, 2014).

The majority of work-family research focuses on the relationship between work-family conflict and outcomes such as job attitudes (job satisfaction, organisational commitment, intention to quit) (e.g. Boyar, Maertz, Pearson, & Keough, 2003; Cortese, Colombo, & Ghislieri, 2010; Thompson et al., 1999). Thus, potential relationships between work-family issues such as breastfeeding and non-work directed attitudes such as attitudes towards supporting breastfeeding at work remain largely unexplored. It is important to explore specific supportive attitudes towards breastfeeding at work since it has been shown to lead to behavioural intention and action (e.g., Zhuang, Bresnahan, Zhu, Yan, Bogdan-Lovis, Goldbort, & Haider, 2018). In a study conducted among 50 nurses and 136 breastfeeding mothers, nurse supportive behaviour was best predicted by their breastfeeding knowledge and attitudes towards breastfeeding (Bernaix, 2000). This finding was inconsistent with the theoretical argument in the theory of planned behaviour and reasoned action since attitudes towards breastfeeding directly predicted supportive behaviours rather than doing so indirectly through behavioural intention to support. Therefore, Individuals may have a significant impact in supporting breastfeeding if they demonstrate positive attitudes towards breastfeeding. In the same vein, Clifford and McIntyre (2008) found health professionals to be more effective in their support when they exhibited positive attitudes towards breastfeeding and had the appropriate knowledge and skills to help breastfeeding mothers.

Behaviours and supportive attitudes from co-workers demonstrate empathy, understanding and acceptance for breastfeeding at work which helps enable breastfeeding success among working mothers (Brown et al., 2001; Rojjanasrirat, 2004; Witters-Green, 2003). In a study among 500 working mothers, co-worker support of breastfeeding women were found to play an important role in influencing their decision to continue breastfeeding after returning to work (Zhuang et al., 2019). This study suggests that supportive co-worker attitudes and effective communication have an effect on the breastfeeding behaviours of mothers within the workplace. Having a supportive co-worker may also influence help-seeking and accepting behaviours of breastfeeding mothers. In a study among automobile manufacturing workers, employees who perceive their work relationships to be supportive

were more likely to seek and accept help from co-workers as well as supervisors (Heaney, House, Israel, & Mero, 1995). Thus, they were more likely to talk to them in response to problems.

Most of the research reviewed on co-worker support has been conducted on white-collar samples. Supportive attitudes and behaviours of co-workers are particularly crucial among low-income workers since they have limited autonomy with regard to time and place of work. Therefore, when they attempt to exert control over their job, it is usually dependent on factors outside of their control, such as the willingness of a co-worker to exchange shifts (Lambert, Haley-Locke, & Henly, 2012; Lambert & Haley-Locke, 2004). Co-workers are in an ideal position to offer support and assistance when parental demands interfere with work responsibilities (Mesmer-Magnus & Glew, 2012). This form of support can be particularly helpful since co-workers are more likely to understand the roles of others in the assembly line and may be able to step in to help complete a task if a co-worker needs to deal with a personal matter (e.g. breastfeeding). The limited studies on co-worker support among low-income workers or on breastfeeding at work among low-income workers have primarily been located in the Global North, where structural and cultural contexts are distinct to those in the Global South.

A review of the literature on antecedents of co-worker support showed that the following three factors were influential: (1) the co-worker's perception of the extent to which their supervisor demonstrated support for work-family related issues, (2) the co-worker's personal experience with breastfeeding, and (3) the co-worker's perception of fairness for accommodating breastfeeding at work (see Table 1). Due to the limited studies specifically on co-worker support, this review also includes literature in which Organisational Citizenship Behaviour (OCB) as a dependent variable. Research on the antecedents of OCB were included because it concerns helping behaviours directed towards co-workers/individuals, comprising of altruism and courtesy (OCB-I) and those directed towards the organisation, comprising of conscientiousness, sportsmanship and civic virtue (OCB-O) (Chahal & Mehta, 2010; Hoffman, Blair, Meriac, & Woehr, 2007; Williams & Anderson, 1991). The direct (OCB-I) and indirect (OCB-O) result of such helping behaviour may benefit employees in their efforts to manage work-family responsibilities such as breastfeeding at work (Mesmer-Magnus, Murase, DeChurch, & Jiménez, 2010). Therefore, the theoretical understanding of the general attitude of helpfulness corresponds with the focus of this study, an attitude of support. In this study, it

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is argued that the three factors mentioned above will predict a co-worker's attitude towards support for breastfeeding in the workplace. Each relationship will be reviewed in turn.

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Table 1

Review of the Antecedents of Co-worker Support and Organisational Citizenship Behaviour

Authors	Dependent variable	Sample (country only added if outside the United States)	Method & Design	Antecedents
Organ & Moorman, 1993	OCB and OCB-I		Literature review	Organisational justice
Bridge et al., 1997	Breastfeeding support at work	69 employers	Quantitative (correlational)	Personal breastfeeding experience (in the workplace)
Tang & Ibrahim, 1998	OCB	155 South-Eastern US workers and 378 Middle Eastern police/military personnel	Quantitative (correlational)	Intrinsic motivation, self-esteem, need for achievement, job satisfaction, work-related stress, supportive leader
Bernaix, 2000	Breastfeeding support	50 Nurses and 136 Breastfeeding mothers	Quantitative (correlational)	Personal breastfeeding experience (self or partner)
Libbus & Bullock, 2002	Breastfeeding support at work	85 employers	Quantitative (correlational)	Personal breastfeeding experience (in their workplace)
Bowling, Beehr, Johnson, Semmer, Hendricks & Webster, 2004	Workplace social support	124 high school teachers	Quantitative (correlational)	OCB-I and social competence
Messer & White, 2006	OCB-I	138 Australian employees 161 Australian General Practitioner (GP) registrars	Quantitative (experimental)	Mood (or affect) within organisational setting and perceptions of fairness
Brodribb, Fallon, Jackson & Hegney, 2008	Breastfeeding support	in their final year of training.	Quantitative (correlational)	Personal breastfeeding experience (self or partner)

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Suyes et al., 2008	Breastfeeding support at work	407 respondents	Quantitative (correlational)	Personal breastfeeding experience (in their workplace)
Chen & Chui, 2008	OCB	323 Taiwanese employees and supervisors	Quantitative (correlational)	Supervisor support
Meyer & Ohana, 2009	OCB	101 French permanent workers	Quantitative (correlational)	Interactional justice
Kim, O'Neill, & Cho, 2010	OCB	233 hotel employees	Quantitative (correlational)	Leader-member exchange (relationship with supervisor)
Frenkel & Yu, 2011	Co-worker helping behaviour	2177 employees from Australian and Chinese manufacturing and service sectors	Quantitative (correlational)	Senior management support, Human Resources System support and supervisor support
Mesmer-Magnus & Glew, 2012	Work-family support	194 full-time working parents of management studies and Master of Business Administration (MBA) students	Quantitative (correlational)	Perceived supervisor support, family-supportive work environment, group cohesion and organisational justice
Marsden & Abayomi, 2012	Breastfeeding support	Nine employees who work in public places (restaurant, shops, cafes)	Qualitative (interviews)	Personal breastfeeding experience (family or community)
Kyei-Poku, 2014	OCB-I	141 full-time employees and supervisors in Canada	Quantitative (correlational)	Interactional fairness and belongingness
Wang, 2014	OCB	238 Chinese employees	Quantitative (correlational)	Supervisor support

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Anderson et al., 2015	Breastfeeding support at work	23 business representatives from Midwest rural city	Qualitative (focus group)	Interpersonal communication
McMullan et al., 2018	Work-family support	22 individuals from Canada and the United States	Qualitative (interviews)	Knowledge of co-worker situation, the similarity with a co-worker, relationship with a co-worker, ability to contribute to a change or improvement, perceived benefits of providing support and personal characteristics
Zhuang et al., 2018	Breastfeeding support at work	1000 Working adults	Quantitative (correlational)	Ick response, perception of fairness and stigma
Holtzman & Usherwood, 2018	Breastfeeding support	10 GPs in the Australian Nepean Blue	Qualitative (interviews)	Personal breastfeeding experience (self or family)
Ismail, Poon, & Arshad, 2018	Co-worker helping behaviour	463 employees of public organisations in Malaysia	Quantitative (correlational)	Workplace incivility, negative affectivity, hurt feelings
Pan, 2018	OCB-I	346 participants (supervisor and subordinates) from Macau hospitality and tourism industry	Quantitative (correlational)	FSSB

Perceptions of Family Supportive Supervisor Behaviour

Chow, Fulmer, and Olson (2011) maintained that supervisors might influence the work climate of breastfeeding support by either adhering to or ignoring company policies, informally supporting or discouraging breastfeeding employees, or managing or disregarding issues arising among their employees. In doing so, they set a precedent for family supportive behaviours in the workplace. Since there is a paucity of literature specifically on supervisors support for breastfeeding at work, this review draws on research limited to family supportive supervisors in the work-family context. A construct developed by Hammer, Kossek, Yragui, Bodner and Hanson (2009) termed Family supportive supervisor behaviour (FSSB), was used to conceptualise supervisor support in this study. FSSB is referred to as a behaviour exhibited by a supervisor that is supportive of an employee's family responsibility and consists of (1) emotional support – making employees feel comfortable talking about their work-family issues; (2) instrumental support – responding to employees work-family needs in the form of day-to-day management transactions, such as adjusting work schedules; (3) role model behaviours – by demonstrating how to integrate work and family through modelling behaviours on the job; and (4) creative work-family management – proactive behaviours whereby the supervisor initiates actions to restructure work to facilitate employees effectiveness at work and home.

By demonstrating FSSB, a supervisor shapes the norms and embodies the values of an organisation (Hammer et al., 2009). In doing so, supervisors depict a model of behaviour on how to act in the workplace and are seen as the communicators of workplace policies and procedures (Wimbush & Shepard, 1994). They have the means to control worker behaviours within the workplace as well as provide feedback, encouragement, and support (Freitas et al., 2019; Muse & Pichler, 2011). Consequently, supervisor supportive behaviours for family-related responsibilities (such as breastfeeding) may influence the level of co-worker attitudes towards support for breastfeeding at work. This relationship is in accordance with Social Learning Theory (Bandura, 1977) which can be used to explain the attitudes and behaviours of co-workers. The theory proposes that co-workers may emulate supervisory behaviour, attitudes and values by observing and imitating the supervisor actions. If employees receive social cues from supervisors that family is important, they are more likely to be supportive of co-workers who breastfeed at work. Koch and Binnewies' (2015) study of German white-collar employees found that working with work-life-friendly supervisor role models gives the perception to

employees that it is socially acceptable to engage in work-life balance practices. Thus, they are more likely to perceive work-family behaviours at work to be acceptable in the workplace; and engage in supportive attitudes and behaviours to facilitate its practice. In support of these findings, Mesmer-Magnus and Glew (2012) found a significant relationship between the perception of family-supportive supervisors and family-facilitative co-worker support among full-time working parents of MBA students ($N=194$). This finding suggests that consistent, supportive messages from a supervisor, regarding the value for family, have an important relationship to co-worker attitudes.

Similarly, the Social Information Processing Theory (Salancik & Pfeffer, 1978) suggests that employees use information from their work environment to identify behavioural expectations in certain circumstances, for example, the extent to which breastfeeding is supported at work. Because supervisors are a salient part of the work environment, they are likely to influence the interpretation of breastfeeding norms by employees. An example of employees modelling supervisors' behaviour is demonstrated in Dineen, Lewicki, and Tomlinson's (2006) study on the relationship between supervisor guidance (instructions) and behavioural integrity (instruction-action alignment) on organisational citizenship (OCB) and deviant behaviour of employees. The results revealed a significant interaction effect between supervisor guidance and behavioural integrity in predicting OCB. In other words, employees were more likely to engage in OCB when the supervisor exhibited high levels of behavioural integrity. Thus, employees modelled supervisor behaviour rather than supervisor instructions, demonstrating the importance of perception of supervisor behaviours in reinforcing organisational work-family climate, and subsequently the support for breastfeeding in the workplace.

Hypothesis 1: FSSB predicts co-worker attitudes towards support for breastfeeding at work.

Personal Breastfeeding Experience

A review of the literature showed that a co-workers personal breastfeeding experience takes three forms: (1) experiences of whether as a mother they breastfed their infant (Brodribb et al., 2008), (2) exposure to a mother in their family or community who breastfed at work (Marsden & Abayomi, 2012), and (3) exposure to a mother breastfeeding in their workplace (Suyes et al., 2008). The relationship between personal breastfeeding experiences and attitudes towards supporting breastfeeding at work can be explained using two theories: (1) Bem's

(1972) self-perception theory - the idea that attitude formation follow freely performed behaviour; and (2) Bandura's (1977) Social Learning Theory - observing and imitating the actions of others. These theoretical frameworks suggest that individuals may reflect on their breastfeeding behaviour or the breastfeeding behaviours of others to develop attitudes of support towards breastfeeding at work.

Researchers have predominantly focused on past breastfeeding experience of mothers as a predictor of their attitude towards the continuation of breastfeeding (Brodribb et al., 2008; DiGirolamo, Thompson, Martorell, Fein & Grummer-Strawn, 2005; Kimbro, 2006; Meyerink & Marquis, 2002; Schmied & Barclay, 1999). However, the growing literature on personal breastfeeding experiences has related individual breastfeeding experience and exposure to an individual's attitude towards supporting mothers who are breastfeeding (Baernaix, 2000; Bridge et al., 1997; Brodribb et al., 2008; Marsden & Abayomi, 2012). Researchers found that employers exhibited more supportive attitudes towards breastfeeding at work if they had previous experience with women who have breastfed in a personal setting or at work, as well as if they knew of other businesses that employed breastfeeding women (Bridge et al., 1997; Libbus & Bullock, 2002). Similarly, a study by Suyes and colleagues (2008) among 407 American employees, found that those individuals who had a co-worker who breastfed at work exhibited more positive attitudes towards breastfeeding at work than those who did not. These findings suggest that having first-hand experience of a co-worker who breastfeeds may engender more supportive attitudes towards breastfeeding at work

Hypothesis 2: Personal experience of breastfeeding a) as a mother b) in the community and c) in the factory predicts co-worker attitude towards support for breastfeeding at work.

Perception of Fairness for Breastfeeding at Work

Perception of fairness for breastfeeding at work pertains to the fairness of providing special privileges (such as special breastfeeding breaks) to a particular group of individuals in the workplace (breastfeeding mothers) (Zhuang et al., 2018). Greenberg's (1987) theory of organisational justice helps to explain the relationship between co-workers perception of fairness of breastfeeding at work and their attitude towards support for breastfeeding at work. The theory of organisational justice (Greenberg, 1987), theorises about the judgements individuals make about fairness in terms of organisational policies and the consequences of those judgements. The theory provides a lens through which employees can assess the

appropriateness of policies considering the change in societal values, work-life practices and demographic trends within the workplace. In this study the consequences of those judgments impact on the co-workers attitude on providing support for breastfeeding mothers.

Empirical studies which examined employee's fairness perception of work-family benefits have yielded inconsistent results. At first glance, family-friendly policies appear to be an ideal solution to address gender-equity concerns in the workplace (von Hippel, Kalokerinos, & Zacher, 2017). Employees may view these policies as a way to help them manage work and family demands, thereby reducing stress (Hegtvedt, Clay-Warner, & Ferrigno, 2002). However, although these policies appear popular, some employees may view them as being unfair and discriminatory as these inequities in the workplace result in extra benefits for some and can result in an increased workload for others (Burkett, 2002; Jenner, 1994; Perrigino, Dunford, & Wilson, 2018). Those employees who are unable to utilise the benefits provided by these policies and perform extra duties for co-workers who attend to family matters may perceive themselves as being under-rewarded by the organisation. This can result in resentment by employees, referred to as “family-friendly backlash” in literature, demonstrating that the advantages of family-friendly policies are not universal (Jenner, 1994; Perrigino et al., 2018).

The literature on the perception of fairness for breastfeeding accommodation is scarce (Seijts, 2002, 2004; Seijts & Yip, 2008; Zhuang et al., 2018; Zhuang et al., 2019). The study conducted by Zhuang et al. (2018) among an American national sample of 1000 working adults from various socioeconomic and ethnic backgrounds, demonstrated that the perception of fairness was significantly related to co-workers behavioural intention to help a breastfeeding colleague. This finding demonstrates that co-workers would be willing to give support to breastfeeding colleagues if they perceive breastfeeding at work to be fair. A North American study on the effect of breastfeeding accommodation on perceived fairness and organisational attractiveness by Seijts (2002) found that business students ($N = 145$) and long term employees ($N = 100$) considered organisations with breastfeeding policies to be more fair and attractive to work at than those who do not accommodate breastfeeding at work. The findings further indicated that women without children reported lower perception of fairness for organisations with breastfeeding accommodation in the workplace than women with children. Consistent with other studies, participants who were parents gave higher fairness ratings than those who were not parents (Grover, 1991; Grover & Crooker, 1995; Parker & Allen, 2001; Seijts, 2002, 2004; Wilkinson, Tomlinson, & Gardiner, 2018). Whereas, those who viewed breastfeeding to

be a private matter not belong in a workplace rated accommodation to be less fair. These co-workers may perceive individuals who utilise accommodation facilities as being neglectful of their work obligations for breastfeeding demands and unfairly burdening their co-workers because they were unable to manage work-family demands on their own.

Hypothesis 3a: Perception of fairness of breastfeeding at work predicts co-worker attitude towards support for breastfeeding at work.

Hypothesis 3b: Parental status of co-workers will moderate the relationship between the perception of fairness and attitude towards support for breastfeeding at work such that the effect of the relationship will be stronger for parents.

Conceptual Framework

In summation, this study seeks to examine the relationship between the perception of family supportive supervisor behaviour (FSSB), personal breastfeeding experience (across three components (a) the mother, (b) in the community and (c) in the factory), perception of fairness for breastfeeding at work and co-worker attitude towards support for breastfeeding at work. This is achieved by hypothesising that FSSB, personal breastfeeding experience and perception of fairness for breastfeeding at work predictor co-worker attitude towards support for breastfeeding at work. It also proposed that parental status moderates the relationship between perception of fairness of breastfeeding at work and co-worker attitude towards support for breastfeeding at work. Figure 1 depicts the hypothesised relationships of interest in a conceptual framework.

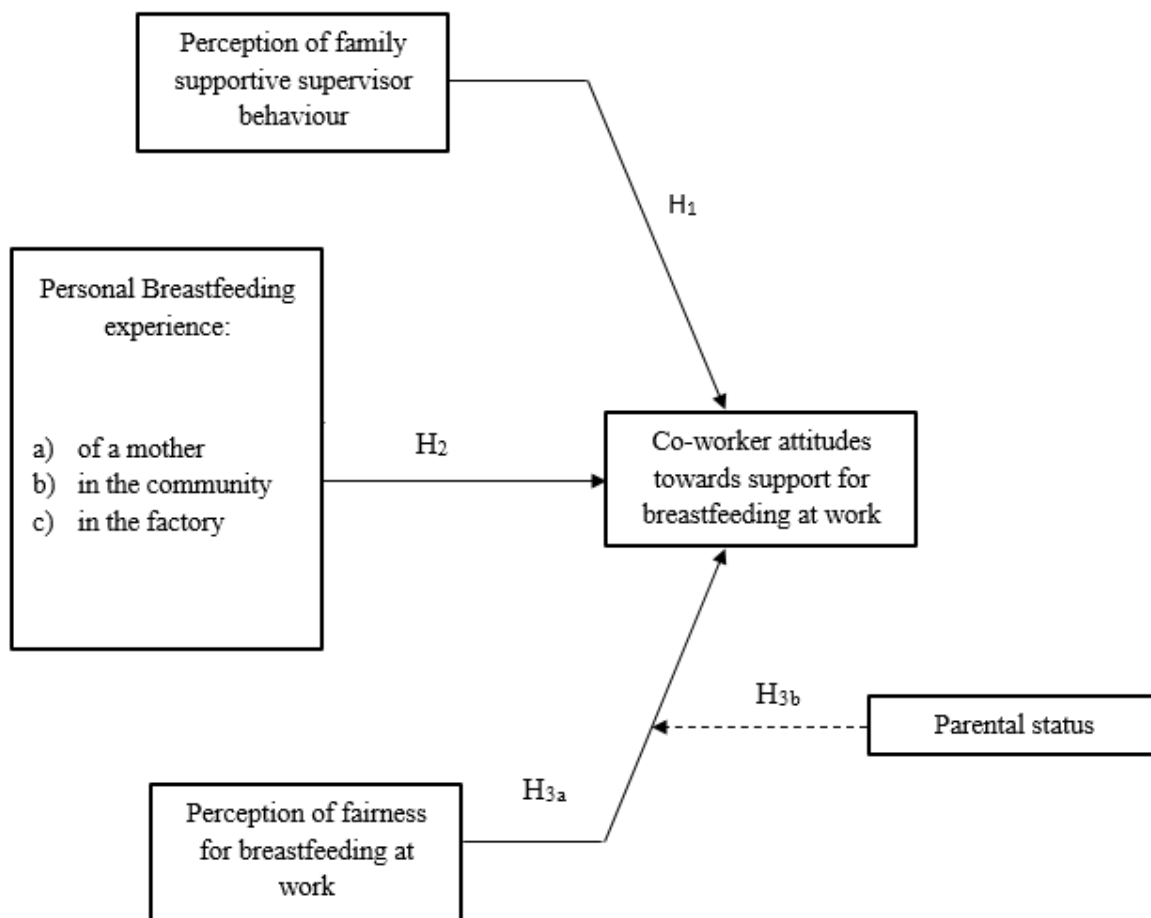


Figure 1. Conceptual Framework of the Study.

Method

The following chapter includes four subsections which describe the method used to conduct the study. The subsections are as follows: research design, participants and sampling, procedure, measures and data analysis.

Research Design

This study forms part of a larger National Research Foundation (NRF) funded study on workplace support for breastfeeding at work in Cape Town clothing factories. The study is in collaboration with SACTWU and SACTWU Worker health programme.

For this study, a descriptive research design was used to investigate the relationship between the observed variables of interest (Creswell, 2014; Terre Blanche, Durrheim, & Painter, 2006). The research was cross-sectional in nature, as the participants were observed at one point in time to determine whether those with high levels of perception of (1) FSSB (2) personal breastfeeding experience and (3) perception of fairness for breastfeeding at work are more likely to have a positive attitude towards support for breastfeeding at work (Creswell, 2014; Field, 2013). Since the variables studied represent subjective experiences, survey data were collected using self-report, pen and paper questionnaires. Quantitative data collection methods were deemed appropriate as it allowed for a large sample to be surveyed during a short period of time (Terre Blanche et al., 2006).

Participants and Sampling

Non-probability convenience sampling was utilised to recruit data from two clothing factories in Cape Town. Permission was granted by the organisations to gain access to their employees allowing for a quick and simple administering process (Terre Blanche et al., 2006). Convenience sampling may allow the introduction of bias and undermine the researcher's ability to generalise the findings to the broader population. Despite these limitations, this method provided a cost-effective and efficient way to access participants (Terre Blanche et al., 2006).

A total of 269 participants responded to the survey. Five cases were removed from the dataset as the participants failed to complete at least one out of three scales assessed in this study. An additional five responses, characterised as individuals who did not exert thoughtful 'true' responses, were removed from the dataset (Meade & Craig, 2012). The final sample

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consisted of 259 participants. Participants ages varied from 17 to 67 years old ($M = 42.50$, $SD = 11.56$). Females and males comprised 95.3% ($n = 246$) and 4.3% ($n = 11$) respectively, indicating a disproportionate representation of females in the sample with .4% ($n = 1$) preferring not to answer and a total of .4% ($n = 1$) constituting missing data. Even though males were underrepresented, this sample is an accurate reflection of population as it is reflective of the female dominant workforce in the factory environment in which 89% clothing factory workers in South Africa are women. Regarding the race of participants, .8% ($n = 2$) participants preferred not to answer, and the remaining participants consisted mostly of Coloured participants (86.1%; $n = 223$) followed by 12.4% Black participants ($n = 32$). Barring .4% ($n = 1$) of the sample whose demographic information was missing, most participants did not have a grade 12 level education (74.4%; $n = 192$) while 25.5% of the participants ($n = 66$) having completed high school. Table 2 includes further demographic information about the sample.

Table 2

Demographic Statistics of Clothing Factory Workers

		Frequency	Percentage
Language	English	94	36.3%
	Afrikaans	126	48.6%
	isiXhosa	24	9.3%
	Other	1	.4%
	Missing data	14	5.4%
Parental status	Yes	226	87.3%
	No	31	12%
	Missing data	2	.8%

Note. $N = 259$.

Procedure and Data Analysis

Ethical approval was granted from the University of Cape Town's Faculty of Commerce Ethics in Research Committee (Appendix A). Permission was also obtained from two clothing factories in Cape Town to gain access to their workers. Upon receiving the questionnaire, clothing factory workers were presented with a cover page which outlined the purpose of the study. It further assured them that their participation was voluntary and guaranteed anonymity and confidentiality of their data. The principal investigator's contact

details were provided if participants needed further clarification on the study. Furthermore, the cover page informed participants that upon completion of the questionnaire, they would receive a R50 voucher. Cash incentives were an effective way to enhance survey response rates and provide them with a token of appreciation for their contribution to the study (Resnik, 2015).

Before the commencement of the data collection process, an English version of the questionnaire was tested with six factory workers. The testing participants were asked to complete the questionnaire. Thereafter, the research team went through each question with the testing participants to determine if they understood the questions and if they had any suggestions to improve the questions while still retaining its meaning. Each testing participant was given R50 to thank them for their time and help. Data obtained from these questionnaires were excluded from the final study. Suggestions from the test participants were used to improve the questionnaire's legibility. The main concern of the participants was the scale format; participants suggested the research team include different options to choose from the Likert-type response. Other suggestions included simplifying the wording of the items and their responses. For example, the testing participants found the word 'support' ambiguous; thereafter the research team included a short description of what it meant to support a breastfeeding mother to make it easier for the participants to answer the relevant items. Support was defined as, "anything such as sharing information about breastfeeding with a mother, listening to the mother's challenges that she is going through, encouraging her or helping her with managing her work and breastfeeding" in the questionnaire. The testing participants further emphasised the diverse language spoken at factories. They suggested that the survey be translated into Afrikaans and isiXhosa to improve the accuracy of responses from participants. Following the changes to the questionnaire, the research team proceeded to translate it into Afrikaans and isiXhosa. The questionnaires were then back-translated, which involves the translation of items back into the original language (Harkness & Schoua-Glusberg, 1998; Ozolins, 2009) by different translators to those who did the initial translation. Back-translation was used to ensure the meaning of the translated items remained consistent with the English version of the questionnaire (Harkness & Schoua-Glusberg, 1998; Ozolins, 2009).

The final questionnaires were administered to factory workers during the employees' lunch breaks. Participants had a choice of English, Afrikaans and isiXhosa questionnaires to complete. Since the factory lunch breaks were between 25- 30 minutes, the research team allowed the participants to complete the questionnaire at home. The research team then returned the next day to collect the questionnaires. Those who chose to participate received a

R50 shopping voucher upon completion of the questionnaire. After data collection was completed, a Qualtrics version of the questionnaire was developed and responses from participants were captured on the online survey. Two people captured the data; one person read the information while the other filled in the response on the online survey verbatim. This allowed for a quick and easy capturing process and reduced the possibility of errors. The capturing process occurred over three weeks, thereafter, the data was exported into a data analytics tool, IBM Software Package for the Social Sciences (SPSS) version 25. Before statistical analysis was run on the variables, the research team cleaned the data and remove respondents based on certain criteria. Prior to conducting statistical analyses, four items of Rojjanasrirat et al.'s (2010) Employer Support for Breastfeeding Questionnaire (ESBQ) had reverse responses compared to the rest of the items on the scale and the three items of Perception of Fairness of Accommodating Nursing Employees Scale (Zhuang et al., 2018) were negatively worded, resulting in those items being reverse coded. Furthermore, the items of personal breastfeeding experience needed to be reverse coded to correspond with the coding responses of the outcome variable.

Statistical procedure. After the data was exported into SPSS, validity analyses was conducted using principal axis factoring (PAF). Thereafter, reliability was examined using Cronbach's alpha (1951) to assess internal consistency. PAF was used in conjunction with direct oblimin rotation to simplify the interpretation of the factor structure (Pallant, 2016). Subsequently, the total scores for each scale were calculated using the average of all the scale items and the scales descriptive statistic pertaining to the central tendency were computed. Next, inferential statistical analysis was conducted; namely, Pearson product-moment correlational analyses, multiple regression and moderation analysis using The PROCESS script version 3.0 developed by Andrew F. Hayes (2018).

Measures

Low-income samples are commonly characterised as having low levels of education (Bernstein, 2004); the scale items were adapted to allow for more straightforward interpretation and easier response for participants. In testing the questionnaire, respondents expressed difficulty using the Likert-type scales. Thereafter, all Likert-type scales were adapted to a 5 point checkbox scale. When data was captured a 5-point Likert-type range anchored by 1= I really don't agree, and 5= I really agree was used to interpret the responses of the participants.

Co-worker support for breastfeeding at work. Three attitude subscales of Rojjanasrirat et al.'s (2010) Employer Support for breastfeeding Questionnaire (ESBQ) was

adapted for this study, (see Table B1 in Appendix B). The attitude subscales were used to measure co-worker attitudes toward supporting breastfeeding at work. Originally, the first subscale had one stem item “To me, providing support for breastfeeding working mothers is...” with 5 Likert-type response ranges. For example, one range was from very embarrassing to not at all embarrassing. However, when testing the survey, participants responded that they did not understand the stem with several response ranges; instead each item was written in full with the stem and range.

Nine items measured beliefs regarding the likelihood of an outcome from support for breastfeeding at work, ranging from 1 to 5. Originally the response range, unlikely to likely, was changed to, I really don’t agree to I really agree, as participants expressed difficulty in understanding the scale. Another, nine items measuring the evaluation of each outcome was adapted, with responses ranging from 1 (not important at all) to 5 (very important). Sample items for the two subscales include, “Breastfeeding working mothers will be able to combine breastfeeding (expressing milk) and work successfully if I give them support” and “In your view, how important is it that the working mother and baby will be able to continue breastfeeding without difficulty,” respectively. The ESBQ subscales had Cronbach alpha levels ranging from .85 to .92, indicating acceptable reliability levels (Rojjanasrirat et al., 2010).

Family supportive supervisor behaviour. Hammer, Kossek, Bodner, and Crain’s (2013) four-item Family supportive supervisor behaviour- short form Scale (FSSB-SF) was adapted for this study (see Table B2 in Appendix B). Items were adjusted to reflect the nature of factory work environment. The items were rated on a 5-point checkbox scale ranging from 1= I really don’t agree to 5 = I really agree. A sample item was, “my supervisor makes me feel comfortable talking to him/her about my work and family issues.” The reliability of the FSSB-SF was .88 in the original study.

Personal experience of breastfeeding at work. This variable was measured by three single items (yes = 2 or no = 1 responses). Namely, 1) “Did you ever breastfeed or express breast milk for your last born child?”, 2) “In this factory, do you know of any woman who has ever breastfed her baby or expressed breast milk in the factory, during her workday?”, 3) “In your community (including your family), do you know of any woman who has ever breastfed her baby or expressed breast milk at her workplace, during her workday?”

Perception of fairness for breastfeeding at work. Zhuang et al.’s (2018) perception of fairness of accommodating nursing employees scale was adapted in this study (see Table B3

in Appendix B). Only three items of the six scale items could be adapted for the factory context in which there was an absence of formal policies in breastfeeding at work, opposed to the professional working context in which the scale was originally used. For example, the item, “Compared to the privileges given to nursing mothers in your work-unit, how fair is this policy to you?” was not suitable for the factory context. An example of an item that was included was, “I think it is unfair that breastfeeding mothers will need to have special privileges at work.” Reliability for this scale was .88 among a nationally represented United States sample (Zhuang et al., 2018).

Demographic characteristics. To describe the sample, the following data was obtained from the participants: race, gender, education level, home language and parental status.

Results

The following chapter outlines the results of the statistical analyses in six subsections. The first two subsections of the chapter detail the psychometric properties of the measures by examining the construct validity and internal consistency of the measures. The third subsection examines the descriptive statistics pertaining to the measures. Subsection four and five details the statistical tests used to examine the hypotheses. Whereas subsection four examine the preliminary correlation analyses and subsection five examines multiple regression and moderation analyses by utilising the Process-plugin. Lastly, the sixth subsection outlines the summary of the results chapter and provides a table of the summarised findings.

Psychometric Properties of the Measures

Exploratory factor analysis (EFA) was used to determine the construct validity of each scales employed in this study as it identifies latent constructs by partitioning the shared variance from its unique and error variance, thereby revealing the underlying factor structure (Costello & Osborne, 2005).

Within the statistical package (SPSS), principal axis factoring (PAF) was employed as a method of factor extraction. PAF is more accurate and robust (particularly when the data is not normally distributed); opposed to principal component analysis (PCA), which is largely used as a data reduction tool (Costello & Osborne, 2005). To determine the factor structure, an oblique rotation method was employed, namely direct oblimin rotation. Oblique rotation was preferred over orthogonal rotation since the underlying assumption of this rotation is that the factors are correlated with one another (Field, 2013). Psychological constructs, such as the variables used in this study, are often found to correlate with one another (Fabrigar, Wegener, MacCallum, & Strahan, 1999). Thus, oblique rotation provides a realistic representation of the interrelationship between the constructs in this study.

Before EFA was conducted, certain assumptions needed to be met. The first assumption regards the minimal sample size required to conduct EFA. Field (2013) suggests that the sample size should exceed a ratio of ten cases per independent variable (IV). Since the sample of this study ($N = 269$) divided by three IVs more than exceeds the required 10 cases per IV, it was deemed appropriate to conduct the factor analysis. Secondly, regarding the sampling adequacy, the Kaiser-Meyer-Olkin (KMO) measure of sampling was used to determine whether the sample data for each scale were adequately distributed across the intended items; this statistic varies between 0 and 1. Kaiser (1974) suggests that values greater than .5 is deemed acceptable.

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Thirdly, Bartlett's test of sphericity needed to produce a significant score to demonstrate the scale items were significantly correlated (Field, 2013). The assumptions were all met, as can be seen in Table 3, indicating the suitability of the data for structure detection.

Table 3

Results for the Kaiser-Meyer-Olkin Measure of Sampling Adequacy and Bartlett's Test of Sphericity of the scales

Scale	KMO	Bartlett's Test of Sphericity	
		χ^2	Df
Co-worker Attitude towards Support for Breastfeeding at work	.92	3235.86*	210
Perception of family supportive supervisor behaviour	.81	570.48*	6
Perception of fairness of breastfeeding at work	.65	132.17*	3

Note: Co-worker attitude towards support for breastfeeding at work present KMO and Bartlett's test for the final round of factor analysis. * $p < .001$.

Kaiser's (1960) criterion was applied throughout all validity analyses. This criterion requires retained factors to have an eigenvalue equal to or greater than 1. The eigenvalues represent the amount of variance explained by each factor (Field, 2013). Furthermore, an item was considered to load significantly onto a factor if its factor loading was greater than .30 (Field, 2013). Cross-loading items, whereby the difference between the loadings were less than .25, were deleted (Field, 2013).

Supportive attitude towards breastfeeding at work. 23-item attitude subscale of ESBQ was subjected to EFA. The three-factor structure underlying a single overarching construct of Rojjanasrirat et al. (2010) was replicated in this study. Three rounds of PAF was run before an interpretable factor structure was found. Each one will be discussed in turn.

Round 1. The KMO value of .93 coupled with a significant Bartlett's test ($X^2_{253} = 3437.5$, $p < .001$) indicated that it was suitable to conduct PAF with direct oblimin across 23 items. As summarised in Table 4, four factors emerged with eigenvalues greater than one. However, item 2 did not load significantly onto any one factor ($>.3$); consequently, the item was excluded from further analysis (see Appendix C, Table C1 for all factor loadings).

Table 4

Unrotated Eigenvalues and Explained Variances for the 23-item Attitude subscale of ESBQ

Factor	Eigenvalue	Explained Variance (%)
1	10.10	43.89%
2	1.73	7.52%
3	1.66	7.23%
4	1.01	4.42%

Notes. Extraction method: Principal Axis Factoring.

Round 2. With the exclusion of item 2, EFA ($KMO = .93$; $X^2_{231} = 3406.12$, $p < .001$) revealed a 3 factor structure as shown in Table 5. Item 12 cross-loaded on two factors and was subsequently removed (see Appendix C, Table C2 for all factor loadings).

Table 5

Unrotated Eigenvalues and Explained Variances for the 22-item Attitude subscale of ESBQ

Factor	Eigenvalue	Explained Variance (%)
1	10.03	45.59%
2	1.71	7.78%
3	1.66	7.53%

Notes. Extraction method: Principal Axis Factoring.

Round 3. As seen in Table 6, the final round of EFA across the remaining 21 items revealed three factors with all items loading significantly on one factor. The first factor includes items pertaining to evaluative beliefs subscale. Whereas direct attitudes and behavioural beliefs subscales loaded onto factor 2 and factor 3, respectively. The findings of this EFA supports Rojjanasrirat et al.'s (2010) three-dimensional structure of supportive attitudes for breastfeeding at work.

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Table 6
Factor Loadings for the Reduced 21-Item Attitude scale of ESBQ

Item number	Item description	Evaluative beliefs	Direct attitudes	Behavioural beliefs
15	In your view, how important is it that the working mother and baby will be able to continue breastfeeding without difficulty?	.72		
16	In your view, how important is it that the working mother will be able to get information about breastfeeding (or expressing milk) from the workplace?	.55		
17	In your view, how important is it that the working mother will be able to combine breastfeeding (or expressing milk) and work successfully?	.72		
18	In your view, how important is it that the breastfeeding working mother will feel satisfied with her role as a worker and a mother.	.83		
19	In your view, how important is it that there will be less working mothers staying away from work, because their babies will be less sick?	.48		
20	In your view, how important is it that the breastfeeding working mother will experience happiness with her work?	.80		
21	In your view, how important is it that the breastfeeding working mother is able to get her work done?	.77		
22	In your view, how important is it that the babies of breastfeeding working mothers will be able to receive breast milk while the mother is at work?	.69		
23	In your view, how important is it that babies of breastfeeding working mothers have fewer illnesses?	.55		
1	To me, providing support for breastfeeding working mothers is:		.54	
3	To me, providing support for breastfeeding working mothers is:		.67	
4	To me, providing support for breastfeeding working mothers is:		.75	
5	To me, providing support for breastfeeding working mothers is:		.73	
6	If I support a breastfeeding working mother, she will be able to continue breastfeeding (or expressing milk) without difficulty.			.69
7	If I support a breastfeeding working mother, she will be able to get information about breastfeeding (or expressing milk) at work.			.76
8	If I support a breastfeeding working mother, she will be able to combine breastfeeding (or expressing milk) and work successfully.			.64
9	If I support a breastfeeding working mother, she will feel satisfied with her role as a worker and a mother.			.58
10	If I support a breastfeeding working mother, the number of days that she will be absent from work will be less.			.62
11	If I support a breastfeeding working mother, she will feel happier with her work.			.74
13	If I support a breastfeeding working mother, her baby will be able to receive breast milk while she is at work.			.57
14	If I support a breastfeeding working mother, her baby will be less likely to get sick.			.40
Eigenvalue		9.61	1.66	1.64
% Variance		45.77	7.89	7.82
% Cumulative Variance		45.77	53.65	61.48

Notes. Extraction method: Principal Axis Factoring; Rotation method: Direct Oblimin with Kaiser normalization.

To determine whether the subscales could be grouped as one attitude factor, another round of factor analysis was conducted. Participant mean scores for evaluative beliefs, direct attitudes and behavioural belief were determined, and each scale was included as an item in this round of EFA. The KMO (.69) and significant Bartlett's test ($X^2_3 = 275.89, p < .001$) indicated that it was appropriate to conduct an EFA across the three subscales. One factor with an eigenvalue greater than one emerged (eigenvalue of 2.201 explained 72.95% of cumulative

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variance). Each subscale loaded significantly only one factor ($.65 < r < .85$). Accordingly, co-worker attitude towards support for breastfeeding at work was grouped as one variable.

Family supportive supervisor behaviour. The four-item FSSB-SF was subjective to EFA. Given that FSSB-SF has been conceptualised as a uni-dimensional construct, no rotation was applied. One factor emerged with an eigenvalue great than 1, with all four items loading onto the factor (Table 7). Therefore, the results provided support for the uni-dimensionality of Hammers et al.'s (2013) FSSB-SF.

Table 7
Factor Loadings for the 4-item FSSB

Item number	Item description	Evaluative beliefs
1	My supervisor makes me feel comfortable talking to him/her about my work and family issues.	.78
2	My supervisor works well with employees to come up with ways to solve difficulties between my work and my family tasks?	.90
3	My supervisor shows helpful ways for how to manage work and family issues.	.87
4	My supervisor organises the work in my department or line to help employees and the factory.	.69
Eigenvalue		2.97
% Variance		74.17
% Cumulative Variance		74.71

Notes. Extraction method: Principal Axis Factoring; no rotation.

Perception of fairness for breastfeeding at work. After conducting EFA on the three-item perception of fairness of accommodating nursing employees scale, one factor emerged with an eigenvalue greater than 1 (Table 8), providing support for a uni-dimensional factor structure.

Table 8
Factor Loadings for the 3-item Perception of Fairness of Accommodating Nursing Employees Scale

Item number	Item description	Evaluative beliefs
1	I think that special breaks for mothers breastfeeding (or expressing milk) at work are unfair to employees who don't have children.	.51
2	I think it is unfair that mothers breastfeeding (or expressing milk) will need to have special privileges at work.	.77
3	I think it is unfair to have a factory that is mother-friendly.	.68
Eigenvalue		1.84
% Variance		61.42
% Cumulative Variance		61.42

Notes. Extraction method: Principal Axis Factoring; no rotation.

Reliability Analyses

Cronbach's alpha coefficient was calculated to assess the internal consistency of each scale. Nunnally (1978) guidelines were adopted in this study to interpret Cronbach's alpha: a $\alpha < .50$ was deemed unacceptable internal consistency whereas $.50 > \alpha > .60$ was deemed questionable. In this study, scales were deemed reliable if they obtained a value of $.60 > \alpha > .70$ which demonstrated an acceptable internal consistency, a value of $.70 > \alpha > .80$ demonstrated a good internal consistency and a value of $\alpha > .90$ was deemed an excellent internal consistency. The corrected item-total correlation for each item was used to assess the extent to which one item correlates with the total score (Field, 2013). As a rule of thumb, Field (2013) recommends that items with a corrected item-total correlation greater than .30 be retained.

As in Table 9, all scales yielded a Cronbach alpha between $.80 < \alpha < .92$, except for the perception of fairness for breastfeeding at work scale, which demonstrated an acceptable internal consistency of .69. Additionally, all corrected item-total correlations were above the recommended .3 cut off.

Table 9

Internal Consistency Reliability for all Scales

	Cronbach's Alpha	Corrected Item-Total Correlations
ESBQ- Attitude Scale	.91	$.44 < r < .72$
Direct attitudes	.83	$.35 < r < .56$
Behavioural beliefs	.89	$.59 < r < .75$
Evaluative beliefs	.92	$.58 < r < .75$
FSSB-SF	.88	$.65 < r < .82$
Perception of Fairness for Breastfeeding at Work	.69	$.42 < r < .56$

Descriptive Statistics

Each mean score was examined in relation to the scales respective midpoint of 3. An average score greater than the midpoint illustrates a higher level of the variable of interest; whereas an average score less than the midpoint illustrating a low level of the variable of interest. Furthermore, skewness and kurtosis were examined to assess whether the data were normally distributed. The former assesses the symmetry of the distribution, whereas the latter refers to the height of the distribution (Field, 2013; Pallant, 2016). In SPSS, values substantially

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below or above zero are indicative of a non-normal distribution or oppose the Gaussian curve of normality (Field, 2013; Pallant, 2016).

Table 10
Descriptive Statistics for all Scales

Scale	<i>N</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>	<i>Skewness</i>	<i>Kurtosis</i>
ESBQ	259	2.43	5	4.11	.55	-.39	-.25
Direct attitudes	258	2.00	5	4.31	.65	-.89	.42
Behavioural beliefs	259	1.88	5	3.93	.63	-.43	.40
Evaluative beliefs	259	2.33	5	4.19	.63	-.45	-.44
FSSB	257	1	5	3.34	.92	-.54	.23
Perception of fairness for breastfeeding at work	259	1	5	2.45	.89	.19	-.25

As shown in Table 10, the mean score for the attitude scale (including its subscales: direct attitudes, behavioural beliefs and evaluative beliefs) were above the scale's midpoint. This demonstrates that on average participants had attitudes supportive of breastfeeding at work. Among the supportive attitude dimensions, participant's behavioural beliefs were slightly lower than their evaluative beliefs and direct attitudes. Demonstrating that participants understand the importance of support for breastfeeding at work but may be unclear about their role in providing support. On average, participant's perceptions of family supportive supervisor behaviour were reasonably moderate, as the mean was slightly above the midpoint of the scale. They also reported moderately low perceptions of fairness for breastfeeding at work.

In terms of normality, the distribution of the scores ESBQ and its dimensions were fairly symmetrical except for the direct attitude dimension which was moderately negatively skewed. The examination of the kurtosis revealed that the height distribution for supportive attitude did not deviate greatly from the Gaussian curve. In terms of its dimensions, direct attitude and behavioural beliefs were slightly leptokurtic whereas evaluative beliefs revealing a slightly platykurtic distribution. Furthermore, the distribution for the perception of fairness for breastfeeding at work and perception of family supportive supervisor behaviour revealed to be reasonably symmetrical with their peak distribution approximating the Gaussian curve.

Inferential Statistics

Correlation analysis. Pearson product-moment correlation was used to test the relationships between the criterion variable, attitude towards support for breastfeeding at work and predictor variables, family supportive supervisor behaviour, personal breastfeeding

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experience a) as a mother, b) in the community, c) in the factory and perception of fairness of breastfeeding at work.

Pearson product-moment correlation results. Correlations coefficients were interpreted according to Cohens (1988) recommendations. According to Cohen (1988) coefficients ranging between .1 and .29 is indicative of a small effect size, a correlation coefficient between .3 and .49 representing a medium effect and a correlation coefficient .5 or greater representing a large effect size (see Table 11 for correlation matrix of all variables).

Table 11

Pearson Product-moment Correlations between Each Variable

Variable	1	2	3	4	5	6	7
1. Attitudes towards support for breastfeeding at work	-						
2. FSSB	.20**	-					
3. Personal experience of breastfeeding as a mother	.13	.03	-				
4. Personal experience of breastfeeding in the community	.30**	-.09	.08	-			
5. Personal experience of breastfeeding in the factory	.09	-.05	-.01	.50**	-		
6. Perception of fairness of breastfeeding at work	.32**	-.02	.09	-.15*	.10	-	
7. Parents	.05	.07	.14	.05	.04	.05	-

Note. * $p \leq .05$, ** $p \leq .01$

As presented in Table 11, Pearson's product-moment correlations demonstrated that the FSSB, personal experience of breastfeeding in the community and perception of fairness of breastfeeding at work is significantly related to co-worker attitude towards support for breastfeeding at work. However, personal experience of breastfeeding as a) a mother and b) in the factory were not significantly correlated to co-worker attitude towards support for breastfeeding at work. While the relationship between FSSB and co-worker attitude towards support for breastfeeding at work was found to have a significantly weak positive relationship. However, the magnitude of the correlation was indicative of a small effect size. Personal experience of breastfeeding in the community was found to have a significantly positive relationship with co-worker attitudes towards support for breastfeeding at work, indicating a medium effect size. While a significant positive relationship was found between perception of

fairness for breastfeeding at work and attitude towards support for breastfeeding at work, indicative of a medium effect size.

Multiple regression analyses. To assess whether FSSB, personal breastfeeding experience and perception of fairness for breastfeeding at work predict attitude towards support for breastfeeding at work, multiple hierarchical regression was conducted. This section also explains the moderation analyses performed to test hypothesis 3b. The PROCESS script version 3.0 developed by Andrew F. Hayes (2018) was used to investigate this hypothesis. Two regression models were constructed. Model one included five independent variables (FSSB, personal breastfeeding experience a) of a mother b) in the community c) in the factory, and perception of fairness for breastfeeding at work). Model two included two independent variables (Perception of fairness of breastfeeding at work and parental status) to assess the moderation analyses

Assumptions of multiple regression. Certain assumptions needed to be assessed to determine whether the data was appropriate for multiple regression to be conducted.

Level of measurement. Field (2013) states that the criterion variable should be continuous (measured on an interval or ratio scale), while the predictor variables could be categorical or interval. Co-worker attitude towards support for breastfeeding at work, perception of family supportive supervisor behaviour and perception of fairness for breastfeeding at work were measured on interval scales, while parental status was measured on a dichotomous scale, thereby, satisfying the level of measurement requirements.

Adequate sample size. Green's (1991) formula ($N > 50 + 8m$, where "m" represents the number of independent variables) was used to determine the minimal sample size required for conducting a multiple regression analysis. Model one consisted of five independent variables; therefore, the minimum required sample size to perform a multiple regression was 90 participants (Green, 1991). The number of participants in this study ($N = 259$) was well beyond the minimum requirement.

Linearity. Scatterplots were used to determine whether FSSB, perception of fairness for breastfeeding at work and personal experience of breastfeeding in the community were linearly related to co-worker attitude towards support for breastfeeding at work. All scatterplots showed linearity as the data point assumed a straight-line pattern (see Appendix D, Figure D1-D5).

Homoscedasticity. Residual plots were examined to determine the assumption of homoscedasticity. This assumption assumes the variances of the residuals are same across all values of the independent variables (Pallant, 2016). To test this assumption, standardised predicted residuals were plotted against standardised observed residuals in scatterplots for each model. Homoscedasticity is present if the data points are randomly and evenly dispersed (Field, 2013). For both models, the data points were generally dispersed, with a few outlier's present (see Appendix D, Figure D6-D7).

Independent residuals. Residuals represent the difference between the observed data and the models' predictions. The assumption specifies that the residuals should not be correlated when conducting a multiple regression (Field, 2013; Pallant, 2016). The assumption was tested using the Durbin-Watson statistic which tests for serial correlation between residuals. According to Field (2013) values between 1 and 3 are indicative of independence. The statistical value for both models were 2.1, well within the acceptable range.

Normally distributed residuals. The assumption of normality was inspected using the Probability Plots (P-P) of the regression standardised residuals. The assumption of normally distributed residuals was upheld in model 1 and 2, with the P-P plots depicting the data points in a close approximation of the straight diagonal line (see Appendix D, Figure D8-D9).

Multicollinearity. This assumption is tested using the variance inflation factor (VIF) and the tolerance values. Field ascertains that multicollinearity is present if the average VIF is substantially greater than 10 and the tolerance values do not approximate 1 (Field, 2013). The VIF for both models was 1. Thus, the independent variables were not strongly related ($r > .90$).

Model bias. The residual statistics were consulted to determine whether there were any outliers or cases that caused undue influence on models. Outliers were identified according to Tabachnick and Fidell's (2013) recommendation that cases with standardised residuals of more than 3.3 and less than -3.3 may be problematic. In each model, no cases had standardised residuals greater than 3.3 or less than -3.3 (see Appendix D, Table D1). Mahalanobis distance was also inspected to identify cases which are outliers. According to Tabachnick and Fidell's (2013) guidelines, regression models with five independent variables have a Mahalanobis distance critical value of 20.52, and a model with two independent variables has a critical value of 13.82. As seen in Table D1, the maximum Mahalanobis distance values for both models do not exceed their critical values. Furthermore, Cook's distances were considered to determine if any cases caused undue influence on the models. According to Tabachnick and Fidell's

(2013) cases will skew the model if Cook's distance is greater than 1. In both models, Cook's distances were below the critical value, suggesting both models had no significant problems. Therefore, according to the residual statistics, both models were accurate.

As all assumptions were met, moderation and multiple regression analyses were run.

Hierarchical regression results. In the final model analysis, FSSB, personal experience of breastfeeding of a) a mother b) in the community c) in the factory and perception of fairness of breastfeeding at work accounted for 20.4% of the variance in co-worker attitude towards support for breastfeeding at work ($R^2 = .20$). In addition, as seen in Table 12, the b values were all positive except for personal breastfeeding experience in the factory, which indicates that as the predictor variables; FSSB, personal experience of breastfeeding of a) a mother b) in the community and perception of fairness of breastfeeding at work increases; the outcome variable, co-worker attitude towards support for breastfeeding at work increased as well. The adjusted R^2 value of .18, indicated that the model would account for 2% less variance in co-worker attitude if it were derived from the population rather than the current sample. This small difference between the unadjusted and adjusted R^2 value illustrates the generalisable capability of the model (Field, 2013). The overall model was statistically significant ($F(5, 199) = 10.19$, $p < .001$). As seen in Table 12, FSSB, personal experience of breastfeeding in the community and perception of fairness of breastfeeding at work were statistically significant predictors of supportive attitudes for breastfeeding at work. Furthermore, upon investigation of the standardised beta values in Table 12, Perception of fairness of breastfeeding at work emerged as a unique predictor, followed by personal experience of breastfeeding in the community and FSSB. Overall, Hypotheses 1, 2b, and 3a were supported in this study.

Table 12

Final Model Multiple Regression Results

	<i>b</i>	<i>SE B</i>	β	<i>T</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Intercept	3.76	.31		8.13**	1.89	3.10
Family supportive supervisor behaviour	.10	.04	.16	2.53*	.02	.17
Personal experience of breastfeeding of a mother	0.18	.12	.10	1.47	-.06	.41
Personal experience of breastfeeding in the community	.30	.09	.25	3.38**	.12	.46
Personal experience of breastfeeding in the factory	-.04	.09	-.04	-.53	-.23	.13
Perception of fairness of breastfeeding at work	.18	.04	.30	4.51**	.10	.27

Notes. *b* = unstandardised beta coefficient; *SE B* = standard error of the unstandardised beta coefficient; β = standardised beta coefficient; CI = confidence interval for unstandardised beta coefficient; LL = lower limit; UL = upper limit.

n = 255, after list wise deletion of missing data.

**p* < .05 ** *p* < .001

Moderation analyses results. The PROCESS script version 3.0 developed by Andrew F. Hayes (2018) was used to test whether parental status had a moderating effect on the relationship between perception of fairness for breastfeeding at work and supportive attitudes. The interaction between perception of fairness for breastfeeding at work and parental status fell short of statistical significance, $F(5, 229) = .29$, $p = .59$. Thus, hypothesis 3b was not supported.

Summary of the Results

The findings presented indicate that co-worker attitude towards support for breastfeeding at work as a higher-order construct with three underlying factors. Moreover, the findings providing support for the proposition that FSSB, personal breastfeeding experience in the community and perception of fairness for breastfeeding at work are predictors of co-worker attitude towards support for breastfeeding at work. Hypotheses 2a, 2c and 3b were unsupported. Multiple regression analyses revealed that perception of fairness for breastfeeding at work was the most robust predictor of co-worker attitude towards support for breastfeeding at work. Moreover, on average participants in this study had a positive attitude towards support for breastfeeding at work. Table 13 summarises the findings.

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Table 13.

Summary of Hypotheses and Findings

Hypothesis	Data Analytic Procedure	Support
1. FSSB predicts co-worker attitudes towards supporting breastfeeding at work.	Multiple regression	Supported
2a. Personal experience of breastfeeding as a mother predicts co-worker supportive attitude towards breastfeeding at work.	Multiple regression	Unsupported
2b. Personal experience of breastfeeding in the community predicts co-worker supportive attitude towards breastfeeding at work.	Multiple regression	Supported
2c. Personal experience of breastfeeding in the factory predicts co-worker supportive attitude towards breastfeeding at work.	Multiple regression	Unsupported
3a. Perception of fairness of breastfeeding at work predicts co-worker supportive attitude towards breastfeeding at work.	Multiple regression	Supported
3b. Parental status of co-workers will moderate the relationship between the perception of fairness and supportive attitude towards breastfeeding at work such that the effect of the relationship will be stronger for parents	Moderation analysis	Unsupported

Discussion

Despite the vast body of research examining breastfeeding at work, a limited amount of research has been conducted within a low-income context. The present study attempted to extend this body of research with blue-collar workers employed in clothing factories in Cape Town. This study is the first to examine the factors; namely, FSSB, personal breastfeeding experience and, perceptions of fairness of breastfeeding at work as predictors of co-worker support for breastfeeding at work. The findings mainly echoed positive results found in the breastfeeding at work (e.g. Seijts, 2004) and co-worker support literature (e.g. Mesmer-Magnus & Glew, 2012). However, contrary to that hypothesised, personal breastfeeding experience of breastfeeding mothers and personal breastfeeding experience in the factory did not predict co-worker attitude towards support for breastfeeding at work. Furthermore, this study has been unable to demonstrate the moderating effect of parental status on the relationship between perception of fairness for breastfeeding at work and co-worker attitude towards support for breastfeeding at work. This chapter discusses the main findings of this study in relation to existing literature, followed by the delineation of theoretical and practical implications. The chapter concludes with an overview of the study limitations and suggestions for future research.

The Relationship between FSSB and Co-worker Attitude towards Support for Breastfeeding at Work

As expected, FSSB predicted co-worker attitude towards support for breastfeeding at work. Clothing factory workers who perceived their supervisor as engaging in more family supportive supervision were more likely to have a positive attitude towards support for breastfeeding at work. These findings corroborate prior research that established that family supportive supervisors are found to be work-life family role models and are positively associated with family facilitative co-worker support (Koch & Binnewies, 2015; Mesmer-Magnus & Glew, 2012). A possible explanation for this result relates to the importance of the supervisor's role in setting a tone within the workplace and establishing or enforcing norms around support for breastfeeding at work. Supervisors may encourage a work climate of breastfeeding support by adhering to company breastfeeding policies, supporting mothers who combine breastfeeding and work as well as manage family issues which may arise among co-workers (Rojjanasrirat, 2004; Witter-green, 2003). By generating a supportive breastfeeding work environment, the supervisor would be encouraging employees to engage in supportive behaviours towards breastfeeding mothers. Kirby and Krone (2002) suggest that for work-

family policies, such as breastfeeding at work, to be adopted in the organisation, it needs to form part of the workplace discourse, not only through written and oral communication but through role modelling of behaviours as well.

Consistent with Social Learning Theory (Bandura, 1977), supervisors may model supportive behaviours for co-workers to enact by conveying supportive messages regarding the value of family. Supervisors are a salient part of the work environment and are seen as gatekeepers of formal forms of workplace support as well as a source of informal support. Therefore, they play an essential communication and role modelling role in promoting breastfeeding supportive behaviours (Kossek, Pichler, Bodner, & Hammer, 2011). Thus, supervisors play an important role in making employees feel comfortable to talk about work-family issues and may even demonstrate effective ways to manage those issues. Supervisors may also be seen as representatives of the organisation and influence employee attitudes towards support for breastfeeding at work. This relationship is explained using literature on OCB-I (helping behaviour). A study by Settoon, Bennett and Liden (1996) found that a positive supervisor-employee relationship was positively related to OCB-I, helping behaviour directed at individual co-workers. These findings suggest that supervisors who engage with their employees (e.g. assisting them in solving difficulties between work and family tasks) are more likely to influence the helping behaviours of those employees. Therefore, FSSB has the potential, as an organisational and relational approach, to foster a supportive workplace context (Hammer et al., 2011). By expanding supervisors' role identities to incorporate support for work-family management would offer a resource that would be mutually beneficial to the organisation and its employees.

The Relationship between Personal Breastfeeding Experience and Co-worker Attitude towards Support for Breastfeeding at Work

The present study examined the relationships between personal breastfeeding experience and attitudes towards support for breastfeeding at work. Specifically, that co-worker attitudes are predicted by personal breastfeeding experience (a) as a mother, (b) in the community and (c) the factory. These hypotheses were not supported except for the personal breastfeeding experience in the community, which was significantly positively related to a co-workers attitude towards support for breastfeeding at work.

As a mother. Contrary to expectation, this study did not find a significant relationship between personal breastfeeding experience as a mother and co-worker attitudes towards support for breastfeeding at work. Personal breastfeeding experience as a mother entails having ever physically breastfed or expressed breastmilk for their child. Mothers who have experience breastfeeding their children were expected to be more willing to support breastfeeding at work because they understand the demand breastfeeding places on the mother. The results contradict that of other studies which suggest that breastfeeding experience as mothers helped them to be more supportive of breastfeeding at work (e.g. Chow et al., 2011; Suyes et al., 2008). The studies above were conducted among white-collar employees from the Global North. Therefore, this discrepancy might be attributed to the low-income context within which the participants of this study were situated. Low-income workers in South Africa are often characterised as being black, female and less educated (Bernstein, 2004; Mathur-Helm, 2018). The statistic is no different in this study. Only 25.5% of participants in this study completed high school, suggesting that the mothers of this study may not be as knowledgeable about the importance of breastfeeding for the mother and the child as white-collar workers (Sibeko et al., 2005). Another possible explanation for this result may be due to mothers' personal beliefs regarding support in the workplace. They might be unwilling to provide support for breastfeeding mothers in the factory because the opportunity was not provided to them. Breastfeeding is currently not very conducive in the factory environment; mothers may feel that they were not supported when they were breastfeeding and therefore have nothing to gain from supporting breastfeeding now (Parker & Allen, 2001). It might also be attributed to mothers' beliefs regarding breastfeeding since they might perceive it to be a personal affair and should not be brought into the workplace. Another likely cause for the insignificant result may be attributed to the binary nature of the personal breastfeeding experience as a mother item. The yes-no item response might not have captured the dynamic nature of the breastfeeding experience. The item did not assess the extent to which the mothers breastfed, reasoning for breastfeeding, the importance they placed on breastfeeding, and so forth. One question might not have been sensitive enough to reflect the complex experience of breastfeeding mothers adequately.

In the community. Personal breastfeeding experience in the predicted co-worker attitude towards support for breastfeeding at work. Factory workers who were aware of women in their community (including in their family) who breastfed or expressed milk for their baby at work exhibited a positive attitude towards support for breastfeeding at work. Numerous authors maintain that the decision to breastfeed is shaped not only by individual and family

factors but also by the socio-cultural and economic environment (Anderson, Kuehl, & Drury, 2017; Dodgson, Duckett, Garwick, & Graham, 2002; Croker & Eldridge, 2005; Guttman & Zimmerman, 2000; Hector, King, Webb, & Heywood, 2005). This study extended current research in that it provides evidence of the community influences on individuals support for breastfeeding at work. In the absence of literature on this exact relationship, the literature on community-level influence on maternal practices may aid us in explaining the study's finding. Numerous studies demonstrated the importance of community norms in shaping maternal practices (e.g. Ijumba et al., 2014; Zhuang et al., 2019). In two studies (Kruk, Rockers, Mbaruku, Paczkowski, & Galea, 2010; Speizer, Story, & Singh; 2014) it was established that community beliefs and being exposed to women in their community who delivered their baby in a health facility was significantly associated with a mothers decision to use a facility-based delivery.

Similarly, the community environment may signal the extent to which the support for breastfeeding is recognised as the norm which influences the extent to which breastfeeding support is acceptable and expected. Community approval and social norms were a recurring theme that emerged in Guttman and Zimmerman's (2000) study on low-income mothers views on breastfeeding. Mothers who maintained that breastfeeding provided health benefits for their baby, also felt that breastfeeding was regarded more highly by their community. The perceptions of the community social norms were that good mothers breastfed their baby. In another study examining the socio-cultural factors affection breastfeeding in Botswana found that even though mothers had little to no support from the community, the community still had a positive effect on the mother's decision to breastfeed (Mahgoub, Badeke, & Nnyepi, 2002). These studies demonstrate that even though the community may not directly influence breastfeeding practices, it does so indirectly through the dominant socio-cultural norms exhibited by the community. Similarly, theses norms may influence individuals to support breastfeeding at work.

The community social norms of the factory workers may maintain the importance of breastfeeding, which may help elicit supportive behaviours in the factory workers. The exposure of mothers who engage in breastfeeding activities at work helps create social norms in the community which view these behaviours as acceptable (Dykes & Flacking, 2010). Thus, breastfeeding at work may not be seen as abnormal or problematic in these communities. By improving familiarity with the practice of breastfeeding at work among community members social norms may begin to change in the community, enhancing the likelihood of community members providing support at work for colleagues who breastfeed. Community-based

approaches would be needed to provide a mechanism to challenge cultural knowledge, understanding, norms and expectations concerning the importance of support for breastfeeding at work (Anderson et al., 2017). These social and cultural norms would then be reinforced by facilities and policies at work to enhance the likelihood of mothers' breastfeeding at work.

Community influence on the support for breastfeeding may also include an individual's immediate social network, such as family and close friends. Individual who had personal breastfeeding experience (self or partner) exhibited more positive attitudes towards breastfeeding and were more confident in expressing support (e.g. Marsden & Abayomi, 2012; Bernaix, 2000; Brodribb et al., 2008; Chow et al., 2011; Feldman-Winter, Schanler, O'Connor, & Lawrence, 2008). Reducing negative perceptions regarding breastfeeding and enhancing an individual's familiarity with breastfeeding, particularly in the work environment, may aid in increasing support for breastfeeding at work as well as encourage women to breastfeed at work.

In the factory. The results of the study showed that personal experience of breastfeeding in the factory was not significantly positively related to attitudes towards support for breastfeeding at work. This result is contrary to previous research (e.g. Chow et al., 2011; Koch & Binnewies, 2015; Libbus & Bullock, 2002; Suyes et al., 2008) which demonstrates individuals who had a co-worker breastfeed or express milk during the workday were more likely to support breastfeeding in the workplace. However, it is important to note that this is the first study that examined this relationship within a factory setting in South Africa. Given the nature of breastfeeding accommodation in factories who participated in this study, the results are not surprising. The workers would not have had much first-hand experience with a co-worker breastfeeding or expressing milk within the factory. The practice of breastfeeding at work should be normalised to help facilitate support for mothers who would like to breastfeed within the factory.

Another reason may be attributed to the nature of the job factory workers occupy. Most workers work in a production line, and productivity relies quite heavily on the team with which they work. A co-worker may not be willing to support mothers who breastfeed because it may cause an inconvenience for them since they would need to cover their workload (Kozhimannil et al., 2016; Porter, 2018). Their willingness to support may depend on the type of relationship they might have with the breastfeeding mother. In a qualitative study exploring employee experience of work-family-supportive co-worker behaviour, participants expressed providing support to co-workers whom they have known longer, had a personal relationship with and

with whom they had mutual trust (McMullan et al., 2018). Similarly, Ma and Qu (2011) found workplace friendships to stimulate prosocial behaviours, such as helping co-workers with their workload. Therefore, factory workers may be willing to provide support to co-workers, they formed close friendships with, regardless of whether they work in the same production line or not.

Another explanation for the contradictory result may be due to the dichotomous nature of the variable. Many individual experiences can be categorised as being discrete, such as graduating high school versus not graduating high school or breastfeeding a baby versus not breastfeeding a baby, but models for understanding these experiences are categorised as being continuous. Only once full understanding of these experiences is recognised should variables be dichotomised (Dawson & Weiss, 2012). Personal experience of breastfeeding in the factory has not extensively been explored; we do not know what it encompasses and how it emerges in a factory setting. When individual experiences are divided into two distinct categories, considerable variability may be incorporated in each of those groups, resulting in a loss of information (Royston, Altman, & Sauerbrei, 2006). Dichotomising individuals experiences into “yes versus no” categories, results in a reduction in the effect size by 20% or more as well as reducing the statistical power to detect a relationship between the variables of interest (Dawson & Weiss, 2012; Hunter & Schmidt, 1990; McCaffrey & Elliott, 2008; McCallum, Zhang, Preacher, & Rucker, 2002; Royston et al., 2006). Researchers need to develop a clear understanding of what the experience of breastfeeding is for all those involved to adequately examine the influence of the personal experience of breastfeeding in the factory.

The Relationship between Perceived Fairness of Breastfeeding at Work and Co-worker Attitude towards Support for Breastfeeding at Work

As expected, perceived fairness of breastfeeding at work predicted co-worker attitude towards support for breastfeeding at work. Participants, who believed that having a mother-friendly factory environment was fair, were more likely to exhibit a positive attitude towards support for breastfeeding at work. Contrary to what supervisors might believe, co-workers would not feel jealous of special privileges breastfeeding mothers might receive in the factory (Chow et al., 2011). Employers would be able to provide breastfeeding accommodation to factory workers without eliciting adverse reactions from employees (Seijts, 2002). Fairness perceptions have been found to help explain and predict individuals attitude, intentions and subsequent behaviours towards organisational practices (Colella, 2001; Johnston & Esposito,

2007; Seijt, 2002; Seijts, 2004; Seijts & Yip, 2008; Zhuang et al., 2019; Zhuang et al., 2018). For example, Seijts (2004) found the perception of fairness for breastfeeding mothers to be associated with co-workers likelihood to support breastfeeding mothers at work. Colella (2001) suggested that co-workers perception of salience and relevance of formal support policies, such as breastfeeding accommodation, influences their judgment on fairness of accommodation. The results of this study may provide support for Colella's (2001) assertion; this study consists of an overrepresentation of women, meaning that their self-interest may drive their perception of fairness for breastfeeding at work. Factory workers who view breastfeeding at work to be salient and having a potentially positive impact on their own lives would have been more likely to form a favourable judgment of fairness, thus, are more likely to support breastfeeding at work. The self-interest motive was investigated in this study by examining the moderating effect of parental status (i.e., participants who reported to have children) on the relationship between perception of fairness of breastfeeding at work and an attitude towards support for breastfeeding at work.

Moderating effect of parental status. Parental status did not moderate the relationship between perception of fairness for breastfeeding at work and attitude towards support for breastfeeding at work. Parental status has been associated with employee's perception of family-friendly policy fairness, such as breastfeeding accommodation; however the findings are mixed (Grover, 1991; Grover & Crooker, 1995; Parker & Allen, 2001; Seijts, 2002; Seijts, 2004; Wilkinson, Tomlinson, & Gardiner, 2018). Seijts (2004) found that females without children reported lower perception of fairness for organisations with breastfeeding accommodation in the workplace than females with children. However, Parker and Allen (2001) found parental status to yielded insignificant results. Similarly, the findings of this study suggest that merely measuring parental status as having children or not, maybe insufficient for understanding reactions to breastfeeding at work. It might be essential to consider the age of the worker's children. As stated previously, those who stand to benefit the most from support for breastfeeding at work may view it more favourably (Grover, 1991). Those with younger children may consider breastfeeding at work more positively and would be more likely to support, whereas those with older children may resent the fact that they had to manage work and family demands without any support that may be afforded to today's workers with younger families (Parker & Allen, 2001). The over representation of factory workers who has children may have also affected the outcome of the moderation analysis. Statistical power is very sensitive to sample size. Factory workers who has children make up more than 80% of the

sample which may have resulted in an underestimation of the moderating effect and insufficient power to detect the moderating effect (Memon, Cheah, Ramayah, Ting, Chuah, & Cham, 2019). However, instead of oversampling the smaller group (factory workers without children) to inflate the statistical power, it was preferred to use a sample that was representative of the Cape Town factory population in this study.

Implications of the Study

Theoretical implications. The majority of breastfeeding literature is produced by and from the perspective of, the Global North (e.g. Clifford & McIntyre, 2008; Zhuang et al., 2018). This study's contribution is foregrounding local contexts and the intricacies in low-income contexts and questioning the assumptions of theories and measures mainly developed in the Global North. This study is situated in the Global South, meaning the study focused on the marginalised experience of low-income, black, female clothing factory workers with the aim to improve the lives of these workers. Clothing factory workers were not just used as data extraction points (which is often done in Northern spaces). Part of the larger research project is explaining to people what their rights are as employees, empowering them to exercise their rights in the factory spaces, as well as provide means to do so by providing resources to breastfeed at work, namely a refrigerator and breast-pump equipment (Smith, 2012). These aims are consistent with the body of Raewyn Connell's (2007) work on Southern Theory which seeks to acknowledge the experience of individuals in the Global South. According to Connell (2007), Southern Theory is a post-colonial critique on theory produced by the Global North, which holds certain assumptions, such as the homogeneity of knowledge, which do not fit within the Global South. Therefore, this study provides a theoretical contribution by recognising the importance of location and context of people's experiences and acknowledging the importance of indigenous knowledge in challenging the norms of the social sciences (Connell, 2007).

Methodological implications. Breastfeeding attitude scales have widely been used in the workplace contexts (e.g. Bridges et al., 1997; Suyes et al., 2008). However, most, if not all, of them were created in the Global North among white-collar employees. Even though this study used scales produced in the Global North, prior qualitative research was used to inform and adapt the quantitative scale items. The research team spent a considerable amount of time with the factory workers to ascertain whether their understanding of the questionnaire was

correct and that it applied to their context. This study offers an alternative to Western methodologies by ensuring that all the scales were meaningful and adapted it into languages that were accessible by all participants. By scrutinising the methodological components of this study, researchers were able to more accurately reflect the experiences of clothing factory workers in Cape Town (Smith, 2012).

Practical implications. The evidence from this study suggests important practical implications for clothing factories. Firstly, returning to work is frequently stated as the reason for the cessation of breastfeeding among low-income individuals (e.g. McLachlan, Schübl, & Goosen, 2014). As seen in this study, women are predominantly employed in the clothing factory industry, making it particularly important to facilitate support for breastfeeding at work in these spaces. Family supportive supervisors are becoming an increasingly prevalent issue in the workplace and with it, new expectations that supervisors need to demonstrate on the job (Lirio, Lee, Williams, Haugen, & Kossek, 2008). FSSB has potential as an organisational approach to foster a positive breastfeeding climate in the factory. Training supervisors on FSSB may increase their support for worker's work-family management by facilitating workers breastfeeding practices at work (Hammer et al., 2011), and act as a role model which, in turn, could assist co-workers efforts towards support for breastfeeding at work by demonstrating appropriate breastfeeding supportive behaviours. Thus, the implementation of FSSB training programmes is warranted if the factory aims to improve breastfeeding practices and support for breastfeeding at work or strive to achieve a breastfeeding-friendly work climate through improving workplace norms around breastfeeding in the factory.

Secondly, personal breastfeeding experience in the community was significant in predicting a positive attitude towards support for breastfeeding at work. This finding is important given the lack of work-family research regarding the influence of community and societal factors on supportive workplace behaviours. Work-family authors often focus on workplace factors which affect employee's work-family practices, such as breastfeeding support. Given that the study established that experience of breastfeeding in the community could be a means to promote breastfeeding support at work, factories can consider community engagement strategies as part of corporate social responsibility (CSR) targeted at changing community norms (Bowen, Newenham-Kahindi, & Herremans, 2010), which given this study, would be more effective than simply targeting individual.

Lastly, the results of this study suggest that co-workers may perceive breastfeeding at work to be a fair which would, in turn, facilitates their efforts towards support for breastfeeding

at work. These findings demonstrate that the factory workers would be supportive of special privileges which would be afforded to breastfeeding mothers additional. Factories would be able to implement family-friendly policies, such as flexible work options, breastfeeding breaks and private breastfeeding space for breastfeeding mothers, without fearing adverse reactions from their workers (Zhuang et al., 2018). A family-friendly workplace policy which supports breastfeeding mothers is the first step in creating a receptive workplace climate for breastfeeding at work. A family-friendly work environment enhances employee's recruitment and retention (Bai, Fong, & Tarrant, 2015). It may be advantageous to frame the benefits of supporting breastfeeding at work to individuals who may perceive breastfeeding accommodation at work to be unfair (Bourdage, Groupal, Neilson, Lukacik, & Lee, 2018). Employers, in conjunction with supervisor, may help embed a supportive environment by encouraging the use of the family-friendly policies and by offering co-workers more time off or bonuses for helping breastfeeding mothers with their workload (Zhuang et al., 2018). Extrinsic, tangible outcomes such as extra pay and benefits may be essential to encourage buy-in from those who perceive breastfeeding at work to be unfair (Bourdage et al., 2018).

In addition, maternity rights should be included in union bargaining council meetings. In doing so, unions become the voice for these marginalised factory workers and further improve the working lives of these individuals by advocating for the effective implementation of breastfeeding policies in the workplace (Ledwith & Munakamwe, 2015).

Limitations and Suggestions for Future Research

The following section discusses some limitations of the present study and offers numerous recommendations for future research. The first limitation pertains the observation and cross-sectional nature of the research design, which prohibited the researcher from making causal inferences. The design also prevents the researcher from discerning whether the variables of interest change over time (Terre Blanche et al., 2006). Since the objective of the study was to determine the relationships between an individual's attitude towards support for breastfeeding at work and numerous workplace and personal factors, this design was deemed appropriate. However, it may be useful for future empirical investigations to employ experimental and longitudinal designs to ascertain the direction of causality between the variables of interest and the potential time-lag effects that may occur.

An additional limitation pertains to the non-probability method used in this study. Convenience sampling may have introduced selection bias since the factory workers were not

randomly selected to participate in the study, resulting in the sample being unrepresentative of the population of interest. Consequently, the sample lacked external validity and could not be generalised to the larger clothing factory population (Terre Blanche et al., 2006). That being said, the researcher deemed convenience sampling the most efficient sampling approach due to the nature of the study and the time constraints associated with completing a Masters dissertation in a year. In future, it may be beneficial to replicate the current research in a sample obtained using probability sampling method, such as stratified random sampling (Gelo, Braakmann, & Benetka, 2008; Terre Blanche et al., 2006). For example, it would be ideal to be able to randomly select clothing factories in South Africa from which to sample. Then, within those factories separate the population and randomly sample within the female and male subgroups to create a sample representative of the larger clothing factory population in South Africa, 89% female and 11% male (SACTWU, 2019).

A further limitation of the research may be attributed to the administration of the questionnaire. The factories, from which the participants were sampled, worked on a tight schedule. The explanation of the research project and the administering of questionnaires needed to occur during the workers 25-30 minute lunch break. The time constraint proved challenging as one researcher was expected to hold the attention of 30 to 50 workers at a time during the lunch break and may not have had enough time to answer all the questions presented to them. However, the cover page of the questionnaire, incorporated all the necessary information about the study as well as contact details if the participant needed further clarification.

Lastly, personal breastfeeding experience in the community was significantly related to attitudes towards support for breastfeeding at work. This result highlights the importance of community in influencing workplace behaviours. Further research is needed to unpack this relationship. Formative research is needed to understand the characteristics, needs and behaviours of a community and how it influences community member's decision to support breastfeeding at work (Anderson et al., 2017). For example, formative research conducted in Mexico uncovered that mothers introduced complementary feeding practices when they believed their baby to be "thirsty" (Guerrero, Marrow, Calva, Ortega-Gallegos, Weller, Ruiz-Palacios, & Marrow, 1999). These findings were used to develop informative training programmes to influence attitudes and behaviours which impede exclusive breastfeeding in low-income Mexican communities. Similarly, formative research could help develop

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programmes targeted at community norms and support regarding breastfeeding at work (Anderson et al., 2017).

Conclusion

Low-income women often describe returning to work as a major hindrance to exclusive breastfeeding goals. Numerous research has been conducted examining formal and informal forms of workplace support for breastfeeding, mainly from the mother's perspective in white-collar settings. By examining predictors of co-worker attitudes towards support for breastfeeding at work, this research attempts to shed light on the factors that help explain co-workers attitudes towards support for breastfeeding at work in the context of clothing factories in Cape Town. This study provides evidence for the capability of FSSB, personal breastfeeding experience in the community and perception of fairness for breastfeeding at work in predicting co-worker attitude towards support for breastfeeding at work. From a practical standing point, the introduction of FSSB training programmes, CSR strategies, as well as family-friendly policies may be warranted by the factory to enhance support for breastfeeding within the factory or strives to achieve a supportive breastfeeding climate.

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Appendix A

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Rushda Petersen	02/08/2019
School of Management Studies	
University of Cape Town	
REF: REC 2019/008/064	
Examining the predictors of co-worker attitude towards breastfeeding at work in clothing factories in the Western Cape	
We are pleased to inform you that your ethics application has been approved. Unless otherwise specified this ethical clearance is valid until 31 August 2020	
Your clearance may be renewed upon application.	
Please be aware that you need to notify the Ethics Committee immediately should any aspect of your study regarding the engagement with participants as approved in this application, change. This may include aspects such as changes to the research design, questionnaires, or choice of participants.	
The ongoing ethical conduct throughout the duration of the study remains the responsibility of the principal investigator.	
We wish you well for your research.	
	
Jacques Rousseau Commerce Research Ethics Chair University of Cape Town Commerce Faculty Office Room 2.26 Leslie Commerce Building	
Office Telephone: +27 (0)21 650 2895 / 4375 Office Fax: +27 (0)21 650 4369 E-mail: com-faculty@uct.ac.za Website: https://www.commerce.uct.ac.za/Pages/Ethics-in-Research	

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Appendix B

Table B1

Adaptions done to the Attitude subscale of the Employer Support for Breastfeeding Questionnaire (ESBQ)

Item	Original Scale	Adapted Scale
1	to me, providing support for breastfeeding working mothers is : Likert-type response: Necessary to unnecessary	To me, providing support for breastfeeding working mothers is. Response: Very necessary to not at all necessary
2	Likert-type response: Embarrassing to not embarrassing	To me, providing support for breastfeeding working mothers is. Response: Very embarrassing to not at all embarrassing
3	Likert-type response: Positive to negative	To me, providing support for breastfeeding working mothers is. Response: Very positive to very negative
4	Likert-type response: Important to unimportant	To me, providing support for breastfeeding working mothers is. Response: Very important to not at all important
5	Likert-type response: Beneficial to not beneficial	To me, providing support for breastfeeding working mothers is. Response: Very beneficial to not at all beneficial
	If I provide support to a breastfeeding working mother and her baby:	For the next questions, when we speak about support, we mean anything such as sharing information about breastfeeding with a mother, listening to the mother's challenges that she is going through, encouraging her or helping her with managing her work and breastfeeding.
6	The working mother and baby will be able to continue breastfeeding without difficulty	Breastfeeding working mothers will be able to continue breastfeeding (expressing milk) without difficulty if I give them support.

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7	The working mother will be able to access information about breastfeeding.	Breastfeeding working mothers will be able to get information about breastfeeding (expressing milk) at work if I give them support
8	The working mother will be able to combine breastfeeding and work successfully.	Breastfeeding working mothers will be able to combine breastfeeding (expressing milk) and work successfully if I give them support.
9	The breastfeeding working mother will feel satisfied with her role as a worker and a mother who contributes to the family	Breastfeeding working mothers will feel satisfied with their role as a worker and a mother if I give them support.
10	I will have less turnover rate among employees	Breastfeeding working mothers are less likely to stay away from work if I give them support.
11	The breastfeeding working mother will experience satisfaction with her work.	Breastfeeding working mothers will feel happier with their work, if I give them support.
12	The breastfeeding mother is able to get her work done.	Breastfeeding working mothers are able to get their work done, if I give them support.
13	The baby will be able to breastfeed or receive breast milk while the mother is at work.	Babies will be able to receive breast milk while their mothers are at work, if I give them support.
14	The baby will have fewer illnesses. (Therefore, less employees' absenteeism).	Babies will have fewer illnesses, if I give them support.

How important is it that:

15	The working mother and baby will be able to continue breastfeeding without difficulty?	In your view, how important is it that the working mother and baby will be able to continue breastfeeding without difficulty?
16	The working mother will be able to access information about breastfeeding?	In your view, how important is it that the working mother will be able to get information about breastfeeding from the workplace?
17	The working mother will be able to combine breastfeeding and work successfully?	In your view, how important is it that the working mother will be able to combine breastfeeding and work successfully?
18	The breastfeeding working mother will feel satisfied with her role as a worker and a mother who contributes to the family?	In your view, how important is it that the breastfeeding working mother will feel satisfied with her role as a worker and a mother.
19	I have less turnover rate among employees?	In your view, how important is it that there will be less mothers absent (staying away) from work?
20	The breastfeeding working mother will experience satisfaction with her work?	In your view, how important is it that the breastfeeding working mother will experience happiness with her work?

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21	The breastfeeding working mother is able to get her work done?	In your view, how important is it that the breastfeeding working mother is able to get her work done?
22	The baby will be able to breastfeed or receive breast milk while the mother is at work?	In your view, how important is it that the baby will be able to receive breast milk while the mother is at work?
23	The baby has fewer illnesses?	In your view, how important is it that the baby will be able to receive breast milk while the mother is at work?

Notes. reverse scored items in bold.

Table B2

Adaptions done to Family Supportive Supervisor Behaviour-Short Form Scale (FSSB-SF)

Item	Original Scale	Adapted Scale
1	Your supervisor makes you feel comfortable talking to him/her about your conflicts between work and non-work	Your supervisor organizes the work in your department or unit to jointly benefit employees and the company.
2	Your supervisor works effectively with employees to creatively solve conflict between work and non-work	My supervisor works effectively with employees to come up with ways to solve difficulties between my work and my family tasks.
3	Your supervisor demonstrates effective behaviours in how to juggle work and non-work issues	My supervisor shows effective ways for how to manage work and family issues.
4	Your supervisor organizes the work in your department or unit to jointly benefit employees and the company.	My supervisor organises the work in my department or line to help employees and the company.

CO-WORKER ATTITUDE TOWARDS SUPPORT FOR BREASTFEEDING AT WORK

Table B3

Adaptions done to Perception of Fairness of Accommodating Nursing Employees Scale

Item	Original Scale	Adapted Scale
1	How fair to you is it when a co-worker gets special privileges to pump breastmilk?	I think that breastfeeding breaks for mothers are unfair to employees who don't have children.
2	Generally, how fair do you think it is to give special break time privilege to nursing mothers to you?	I think it is unfair that breastfeeding mothers will need to have special privileges at work.
3	How fair to you is the decision to accommodate nursing mothers in your workplace?	N/A
4	In your estimation, how good is this decision for your organization to be a breastfeeding friendly workplace?	N/A
5	How fair to you is it to have your organization be a mother friendly workplace?	I think it is unfair to have a factory that is mother-friendly
6	Compared to the privileges given to nursing mothers in your work-unit, how fair is this policy to you?	N/A

Notes. reverse scored items in bold.

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Appendix C

Table C1
Round One Factor Loadings for the Attitude scale of ESBO

Item number	Item description	Factor 1	Factor 2	Factor 3	Factor 4
1	To me, providing support for breastfeeding working mothers is:		.58		
2	To me, providing support for breastfeeding working mothers is:				
3	To me, providing support for breastfeeding working mothers is:		.67		
4	To me, providing support for breastfeeding working mothers is:		.76		
5	To me, providing support for breastfeeding working mothers is:		.78		
6	If I support a breastfeeding working mother, she will be able to continue breastfeeding (or expressing milk) without difficulty.			-.48	
7	If I support a breastfeeding working mother, she will be able to get information about breastfeeding (or expressing milk) at work.			-.69	
8	If I support a breastfeeding working mother, she will be able to combine breastfeeding (or expressing milk) and work successfully.			-.62	
9	If I support a breastfeeding working mother, she will feel satisfied with her role as a worker and a mother.			-.38	
10	If I support a breastfeeding working mother, the number of days that she will be absent from work will be less.				-.76
11	If I support a breastfeeding working mother, she will feel happier with her work.				-.84
12	If I support a breastfeeding working mother, she will be able to get her work done.	.42			-.30
13	If I support a breastfeeding working mother, her baby will be able to receive breast milk while she is at work.			.	-.54
14	If I support a breastfeeding working mother, her baby will be less likely to get sick.				
15	In your view, how important is it that the working mother and baby will be able to continue breastfeeding without difficulty?	.63			
16	In your view, how important is it that the working mother will be able to get information about breastfeeding (or expressing milk) from the workplace?	.67		-.30	
17	In your view, how important is it that the working mother will be able to combine breastfeeding (or expressing milk) and work successfully?	.73			
18	In your view, how important is it that the breastfeeding working mother will feel satisfied with her role as a worker and a mother.	.79			
19	In your view, how important is it that there will be less working mothers staying away from work, because their babies will be less sick?	.43			
20	In your view, how important is it that the breastfeeding working mother will experience happiness with her work?	.77			
21	In your view, how important is it that the breastfeeding working mother is able to get her work done?	.82			
22	In your view, how important is it that the babies of breastfeeding working mothers will be able to receive breast milk while the mother is at work?	.69			
23	In your view, how important is it that babies of breastfeeding working mothers have fewer illnesses?	.46			

Notes. Extraction method: Principal Axis Factoring; Rotation method: Direct Oblimin with Kaiser normalization. Rotation converged in 11 iterations.

CO-WORKER ATTITUDE TOWARDS SUPPORT FOR BREASTFEEDING AT WORK

Table C2
Round Two Factor Loadings for the Attitude scale of ESBQ

Item number	Item description	Factor 1	Factor 2	Factor 3
1	To me, providing support for breastfeeding working mothers is:		.53	
3	To me, providing support for breastfeeding working mothers is:		.66	
4	To me, providing support for breastfeeding working mothers is:		.72	
5	To me, providing support for breastfeeding working mothers is:		.72	
6	If I support a breastfeeding working mother, she will be able to continue breastfeeding (or expressing milk) without difficulty.			.68
7	If I support a breastfeeding working mother, she will be able to get information about breastfeeding (or expressing milk) at work.			.75
8	If I support a breastfeeding working mother, she will be able to combine breastfeeding (or expressing milk) and work successfully.			.63
9	If I support a breastfeeding working mother, she will feel satisfied with her role as a worker and a mother.			.59
10	If I support a breastfeeding working mother, the number of days that she will be absent from work will be less.			.62
11	If I support a breastfeeding working mother, she will feel happier with her work.			.75
12	If I support a breastfeeding working mother, she will be able to get her work done.	.43		.41
13	If I support a breastfeeding working mother, her baby will be able to receive breast milk while she is at work.			.58
14	If I support a breastfeeding working mother, her baby will be less likely to get sick.			.39
15	In your view, how important is it that the working mother and baby will be able to continue breastfeeding without difficulty?	.71		
16	In your view, how important is it that the working mother will be able to get information about breastfeeding (or expressing milk) from the workplace?	.55		
17	In your view, how important is it that the working mother will be able to combine breastfeeding (or expressing milk) and work successfully?	.71		
18	In your view, how important is it that the breastfeeding working mother will feel satisfied with her role as a worker and a mother.	.83		
19	In your view, how important is it that there will be less working mothers staying away from work, because their babies will be less sick?	.47		
20	In your view, how important is it that the breastfeeding working mother will experience happiness with her work?	.60		
21	In your view, how important is it that the breastfeeding working mother is able to get her work done?	.77		
22	In your view, how important is it that the babies of breastfeeding working mothers will be able to receive breast milk while the mother is at work?	.69		
23	In your view, how important is it that babies of breastfeeding working mothers have fewer illnesses?	.55		

Notes. Extraction method: Principal Axis Factoring; Rotation method: Direct Oblimin with Kaiser normalization. Rotation converged in 10 iterations.

Appendix D

Assumptions of multiple regression analysis

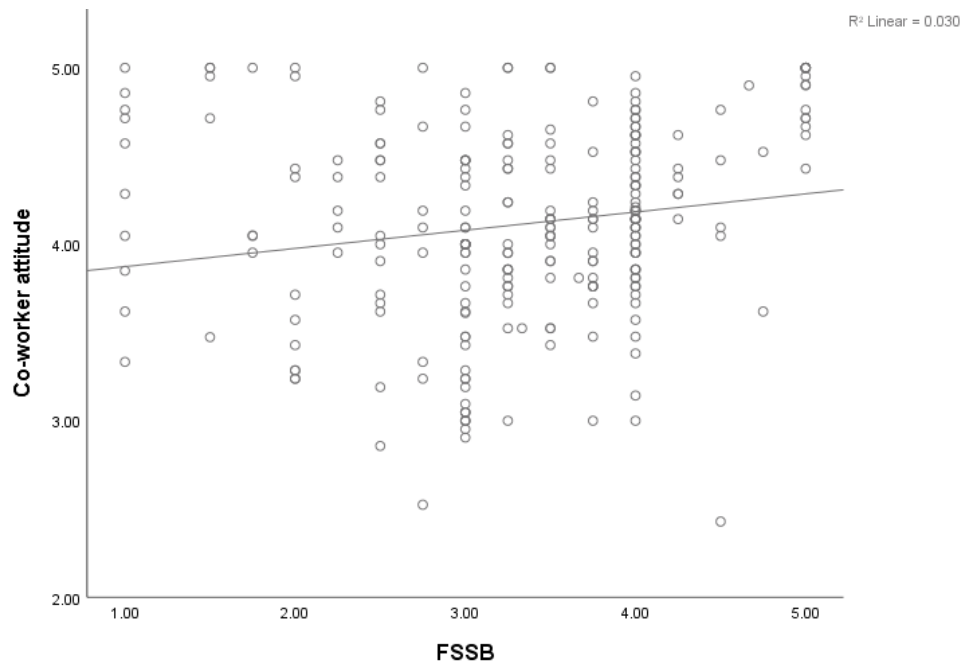


Figure D1: The Linear Relationship between co-worker attitude towards support for breastfeeding at work and family supportive supervisor behaviour.

CO-WORKER ATTITUDE TOWARDS SUPPORT FOR BREASTFEEDING AT WORK

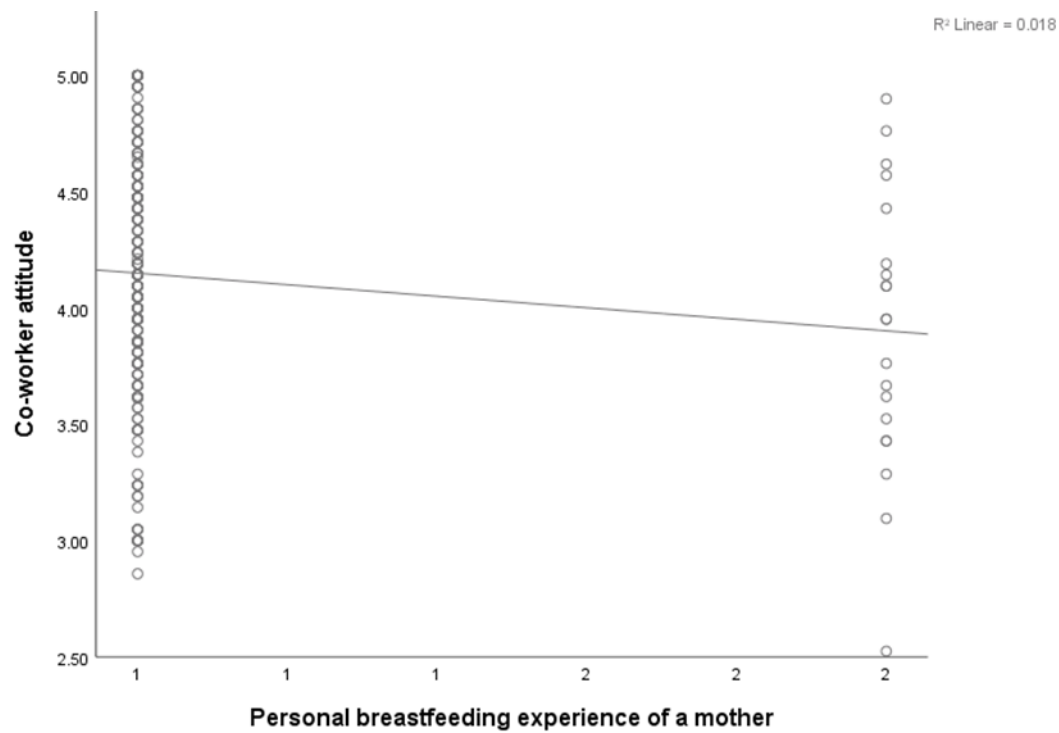


Figure D2: The Linear Relationship between co-worker attitude towards support for breastfeeding at work and personal breastfeeding experience of a mother

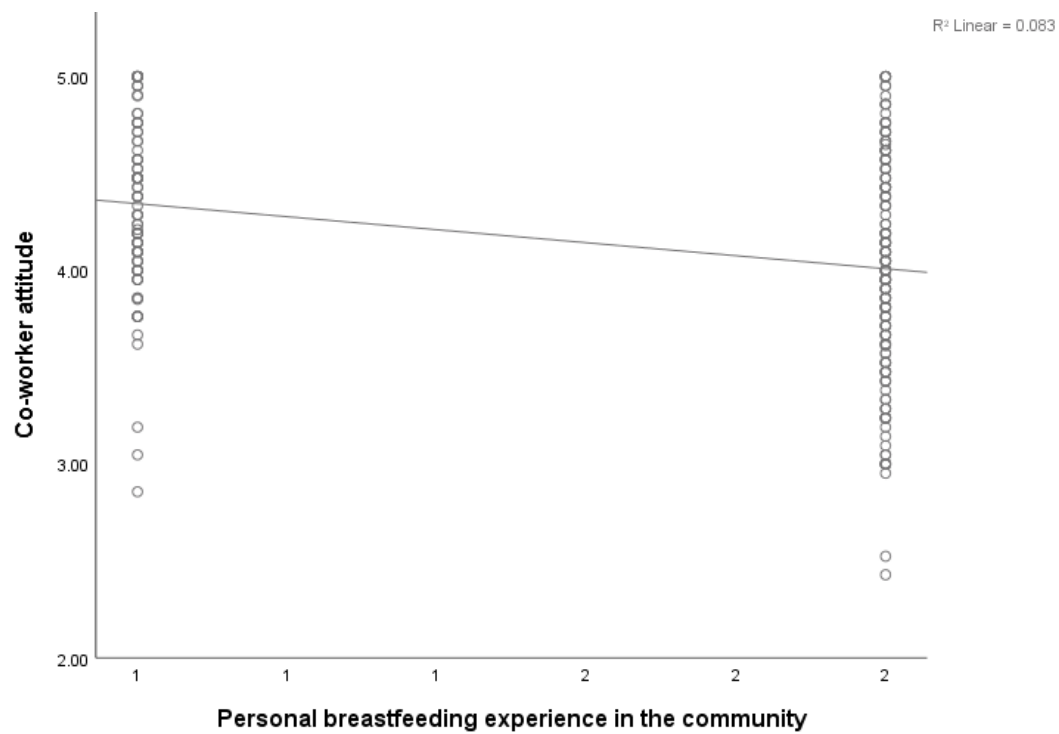


Figure D3: The Linear Relationship between co-worker attitude towards support for breastfeeding at work and personal breastfeeding experience in the community

CO-WORKER ATTITUDE TOWARDS SUPPORT FOR BREASTFEEDING AT WORK

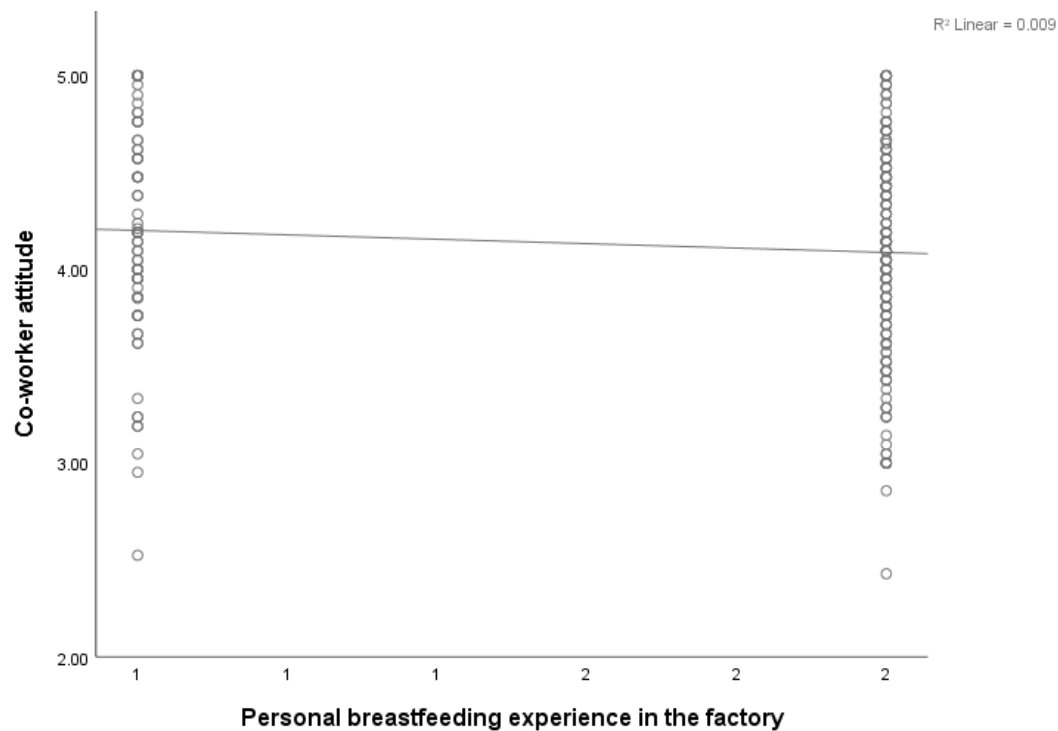


Figure D4: The Linear Relationship between co-worker attitude towards support for breastfeeding at work and personal breastfeeding experience in the factory

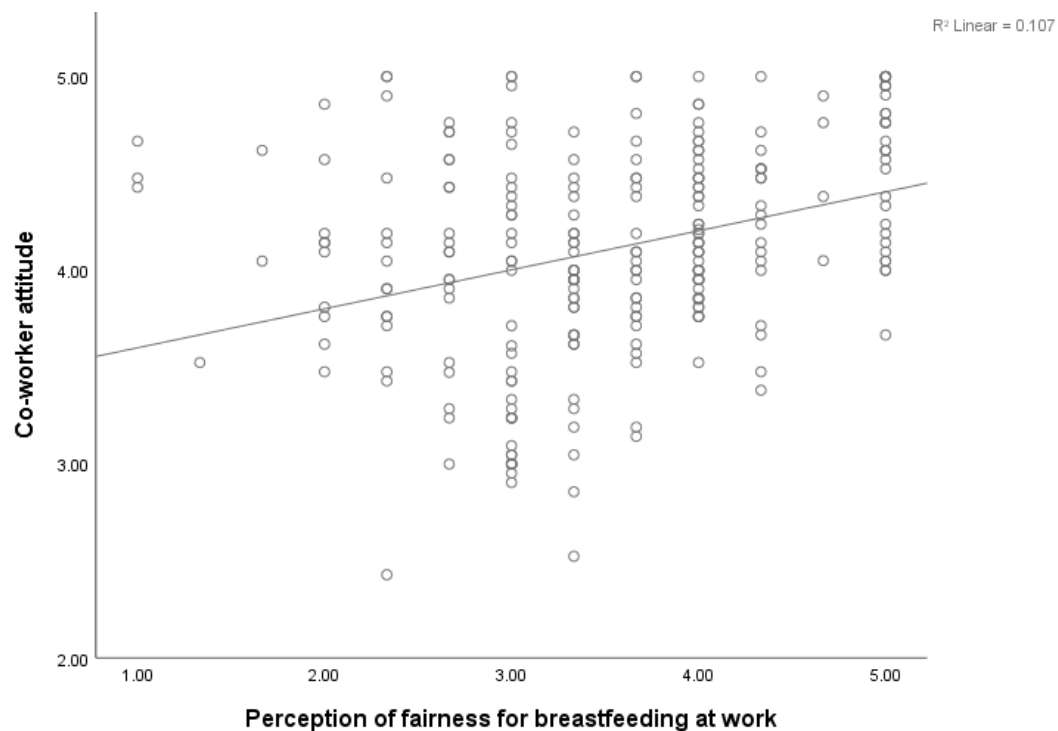


Figure D5: The Linear Relationship between co-worker attitude towards support for breastfeeding at work and perception of fairness for breastfeeding at work

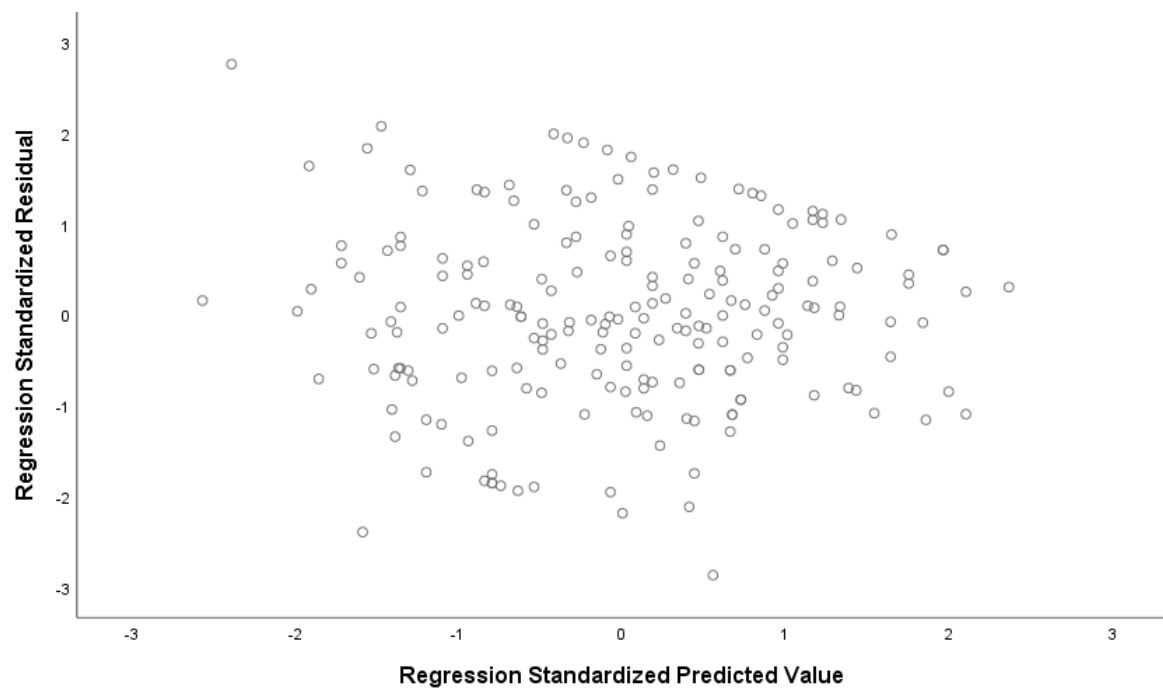


Figure D6: Scatterplot of Standardised Observed Residuals and Standardised Predicted Residuals for Model 1

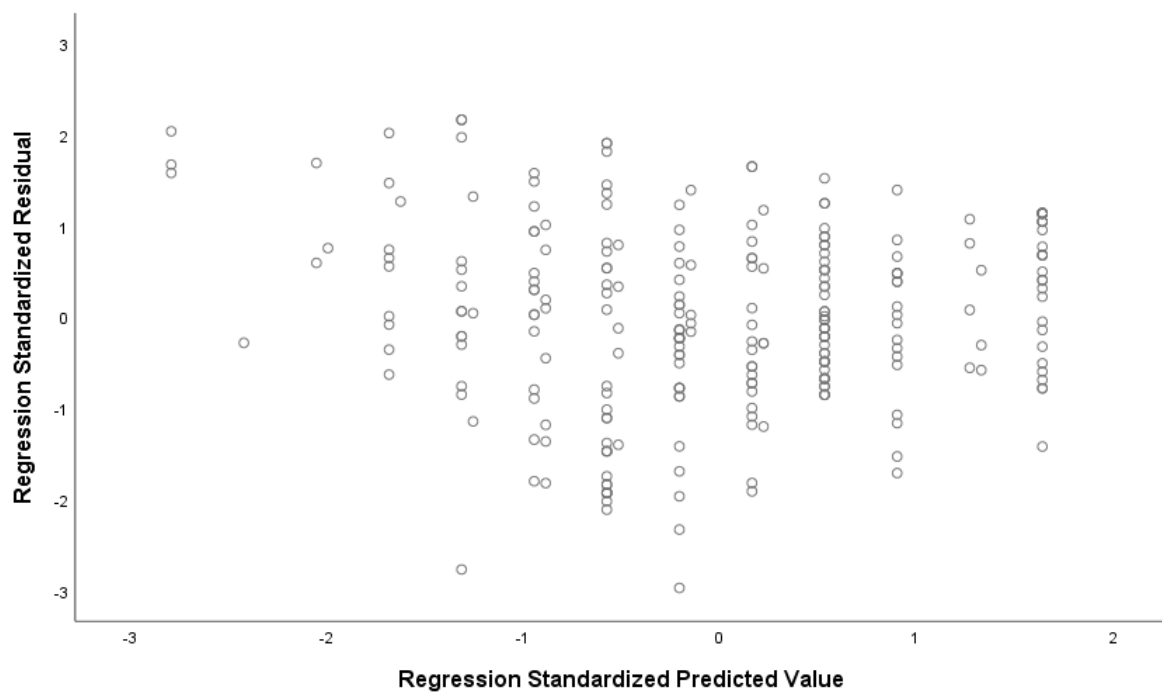


Figure D7: Scatterplot of Standardised Observed Residuals and Standardised Predicted Residuals for Model 2

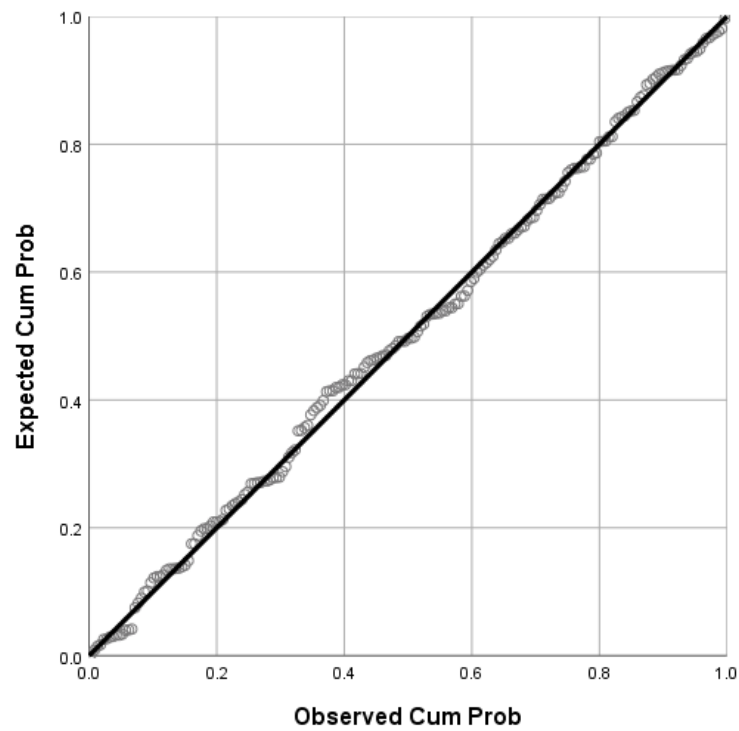


Figure D8: Normal P-Plot of Regression Standardized Residuals for Model 1

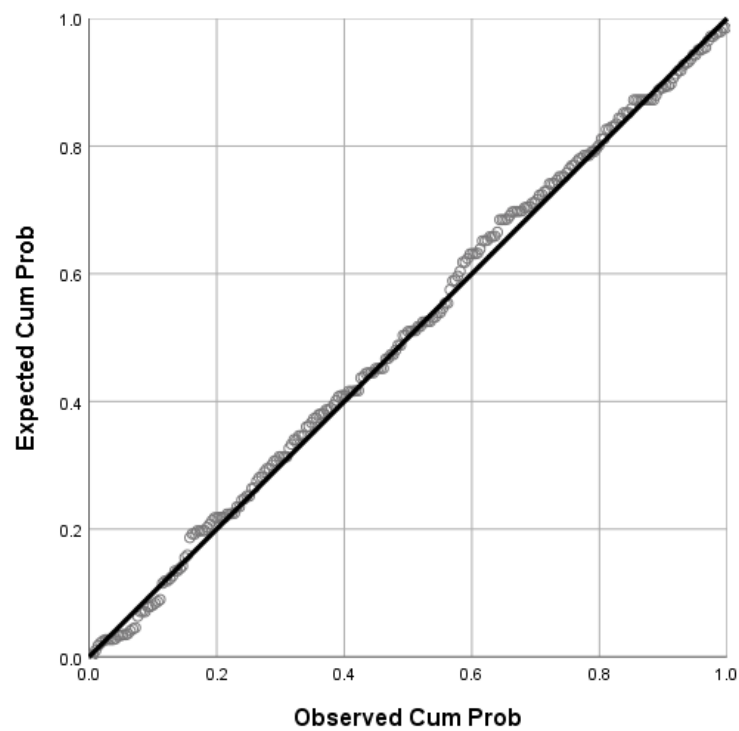


Figure D9: Normal P-Plot of Regression Standardized Residuals for Model 2

Table D1

Residuals Statistics

Model		Min	Max	<i>M</i>	<i>SD</i>
1	Standardised Residuals	-2.87	2.76	.00	.98
	Mahalanobis Distance	.84	16.66	4.98	.01
	Cook's Distance	.00	.10	.01	.01
	Centred Leverage Value	.00	.08	.03	.02
2	Standardised Residuals	-2.97	2.15	-.01	.99
	Mahalanobis Distance	.15	10.33	1.98	2.56
	Cook's Distance	.00	.05	.00	.01
	Centred Leverage Value	.00	.04	.01	.01

Note: measures providing information on the influence of cases on the models.